



School of Medicine

### DEPARTMENT OF ORTHOPAEDIC SURGERY

In consideration of my/our interest in Wayne State University, and in support of the mission of Wayne State University, I/we make a gift commitment to Wayne State University for the purpose(s) described below:

**Restricted**, for the following university priority: Endowed Professorship in Orthopaedics, to be elevated to Endowed Chair in Orthopaedics when \$1.5 million goal is reached.

My/our gift commitment will be fulfilled in the following manner:

\$ \_\_\_\_\_ Pledge commitment to be paid over \_\_\_\_\_ years as follows:

First payment of \$ \_\_\_\_\_ is enclosed, or will be made on or before \_\_\_\_\_.

Subsequent payments will begin on \_\_\_\_\_ (date) and will be made:

- Quarterly
- Semiannually
- Annually

\$ \_\_\_\_\_ Estate commitment or \_\_\_\_\_% of estate with a total current value of \$ \_\_\_\_\_ through my/our:

- Will/Trust\*
- Gift Annuity
- Charitable Remainder Trust\*
- Remainder of Retirement fund\*
- Life Insurance Policy
- Other\* \_\_\_\_\_

*\*For estate/planned gifts, please attach a copy of the portion naming Wayne State University.*

If applicable, I wish to be recognized by the Anthony Wayne Society and/or The Old Main Society with others who have supported Wayne State and/or included Wayne State in their estate plans.

For recognition purposes, list my/our name(s) as:

\_\_\_\_\_

- I/we give permission to recognize this gift publicly, either by print or electronic means (i.e., newsletters, university reports, honor rolls).
- I/we wish to remain anonymous; please do not include my/our name in any listing of donors.

This Letter of Intent is

- An expression of my/our present plans, is subject to revocation or modification and is not legally binding on my/our estate(s). I/we will notify the University in the event of any changes.
- Irrevocable and is legally binding on my/our estates.

Signature

Date

Signature

Date

Printed name

Printed name

Address

Address

E-mail

Phone

E-mail

Phone

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Letter of Intent

