



# Confirmation of Intent

Please send this form to:

**Debra Hulse '80**  
Vice President for  
Institutional Advancement  
**McMurry University**  
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Abilene, Texas 79697

Office: 325-793-4761  
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Donor Name \_\_\_\_\_

Donor Address \_\_\_\_\_  
\_\_\_\_\_

Birthdate(s) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

McMurry Staff Contact \_\_\_\_\_

Donor:

Individual

Joint with spouse

### Type of Provision

- Bequest by Will
- Beneficiary of IRA or Retirement Plan
- Charitable Gift Annuity
- Charitable Remainder Trust
- Other: \_\_\_\_\_
- Gift of Life Estate in Residence
- Charitable Lead Trust
- Life Insurance Proceeds or Beneficiary Designation

The estimated current value of this gift plan is \$ \_\_\_\_\_

This gift is designated for:

School/Area: \_\_\_\_\_

Program/Project: \_\_\_\_\_

- I/We wish to be recognized as (a) member(s) of the Heritage Society.
- I/We prefer not to be recognized. Please code my record as an anonymous contribution.

All gifts to McMurry University are tax deductible to the extent allowed by law. Please note that all donations should be made payable to:

**McMurry University**

### Special Terms and Recognition – Please note any restrictions for your gift:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### For recognition purposes, please list name as:

\_\_\_\_\_

**Thank you**  
*for supporting*  
**McMurry**  
*University!*

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR INTERNAL USE

Raiser's Edge ID: \_\_\_\_\_  
Development Officer \_\_\_\_\_

GL Code: \_\_\_\_\_  
Scanned Date \_\_\_\_\_