

## Medical University of South Carolina Letter of Intent

I/we pledge to make a gift to the Medical University of South Carolina Foundation designated for the MUSC Shawn Jenkins Children's Hospital Fund.

Name(s)	
Address	
Phone	
I'd like to make a pledge of \$ to be paid over	years
First payment of \$ will be made on (date)	
Subsequent pledge payments will be made □ annually □ semi-a	annually □ quarterly
I would like to discuss my interest in placing the name of on on within the new MUSC Shawn Jenkins Children's Hospital.	
This gift is being made in honor/memory of	
Please notify the individual(s) below of my gift:	
Name(s)	
Address	
Signature	Date

Please make checks payable to: MUSC Foundation, MUSC Shawn Jenkins Children's Hospital 59 Bee Street | MSC 201, Charleston, South Carolina 29425