

## Planned Gift Notification

Thank you for thoughtfully and generously including a future gift to the Musical Instrument Museum (MIM) in your estate plan. Please complete this form with as much detail as you are willing to share. Information about your gift will remain confidential and does not create a binding obligation.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

### Description of Planned Gift

Please indicate below how your future gift intention will be fulfilled for MIM.

- Will
- Revocable living trust
- Life insurance policy
- Donor-advised fund
- Retirement plan beneficiary designation
- Charitable remainder trust beneficiary designation (\$100,000 minimum)
- Charitable lead trust beneficiary designation
- Other (please specify): \_\_\_\_\_

Approximate value of gift: \$ \_\_\_\_\_

**Documentation:** It is helpful when attempting to receive an individual's planned gift if we have copies of the gift document on file. Please provide copies of any documents, or the relevant pages, that include provisions for MIM you wish to share with us.

## Purpose of Planned Gift

It is my/our desire that this gift be used in the following manner:

- This gift is unrestricted and may be used where the need is greatest at MIM
- I/We wish to specify that my/our gift be used for the following purpose(s):

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- If this purpose(s) is not feasible, the gift may be used where the need is greatest at MIM.

## Contact Information

The professional contact person (such as your attorney) for this gift is:

Name and Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## MIM's *Legacy Circle*: Planned Giving Society

I/We wish to join MIM's *Legacy Circle* and be recognized publicly as:

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- I/We wish to join MIM's *Legacy Circle* but **do not** wish to be recognized publicly.
- I/We wish this planned gift to remain anonymous and decline benefits of MIM's *Legacy Circle*.

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

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