

All information provided below will be treated strictly confidential and will be used for Joslyn Art Museum's internal purposes only. This document and its content are not considered to be a legal or financial obligation.

Joslyn Art Museum recognizes all those making long-term provisions of support as members of its *Planned Giving Society*.

Please complete:

- My/our name(s) may be published as a member(s) of the *Planned Giving Society*
 I/we prefer to remain anonymous

Signature: _____ Date: _____
Signature: _____
Print Name(s): _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Completing this section is optional:

As an indication of my/our support for Joslyn Art Museum or one of its programs, I/we am pleased to confirm that I/we have made a provision for _____ (Joslyn Art Museum or name of program) as follows (select all that apply):

Bequest in my/our Will:

- Provision in my/our Revocable Living Trust
 Establishment of a Charitable Remainder Trust
 Establishment of a Charitable Gift Annuity

Beneficiary Designation in my/our Qualified Retirement Plan or Commercial Annuity:

- Life Insurance Gift
 Endowment Fund
 Other

Description of the provision(s) and what I would like my support to accomplish:

I/we conservatively estimate the current value of my/our provision to be approximately \$_____.
Joslyn Art Museum recognizes that values are subject to change and dependent upon unforeseen circumstances. This information will be used only to help Joslyn Art Museum project possible future financial support and *is not considered a legally binding obligation*.

I/we worked with the following advisor to establish this gift:

Name: _____ Profession: _____
Company/Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Thank you for your generous support!