

LEGACY SOCIETY DONOR INTENT FORM

As evidence of my/our desire to provide a legacy of support to Midland Center for the Arts, I/we hereby inform Midland Center for the Arts that I/we have made a provision for a gift to the Center in my/our estate plan. I/we understand that this commitment is revocable and can be modified by me/us at any time.

Name	Date of Birth	Second Name (if joint gift)	Date of Birth
Address	City	State	Zip
Email	Home P	hone Cell F	Phone
It is my/our intent to le	eave a legacy gift to	Midland Center for the A	rts through my/our:
Bequest/Will	IRA	A Beneficiary (Company_)
Trust (Type) Otł	her	
Insurance Policy			
I/we wish to inform M that as of this date, th (If your gift is a percenta percentage.)	e value of my/our g	-	current value of that
statement and I may	choose to add, subt	int, my/our estate is not le ract, or revoke this beque Arts requests notification ar	est at any time, at my/
Please designate this program area or to "tl	-	-	
need for funds for the po of Directors, or their suc	urpose described abo cessors, are authorize	Arts Board of Directors or th ve no longer exists, at some ed to use these funds in the vill best accomplish the ben	e future date the Board best interest of the

I/we would like the following individuals to be notified of my gift when it is realized, and to be invited to participate in any activity related to the public recognition of this gift. (optional)

Name	Relationship	Contact Information
Name	Relationship	Contact Information

Providing the names and contact information for the advisors familiar with your estate plans helps to ensure we have a complete record and enables us to act on your wishes in the future. (*optional*)

ADVISOR

Name Contact Information				
Name	Contact Information			
Name	Contact Information			
The legal and/or financ clarification regarding n	ial advisors listed above may be contacted for questions and ny/our planned gift			
	NTS OR INFORMATION			
Please enroll me/us in following conditions:	the Midland Center for the Arts Legacy Society under the			
-	ny/our name(s) among your lists of Legacy Society members as rs to leave a future gift to benefit Midland Center for the Arts. I/we s) to appear as:			
Do not publish my/ou contact me for the de	ur names on any donor roster (this is an anonymous gift, etails).			

Date Donor Signature(s)

Thank you very much for your generous support and commitment to the Midland Center for the Arts. It is also helpful for us to have on file any supporting documentation which you may be able to share with us. Please attach if possible.