



## Confidential Future Gift Intention Form

Thank you for your intention to include ArtsWave in your estate plan. We realize that many people prefer to keep their intentions private, but by letting us know your plans, we can thank you during your life and follow up appropriately. Please know that completing this form is non-binding – we understand that you may change your plans. Please also know that all information you share that any information you share with us is kept strictly confidential.

### Planned Gift Notification – Confidential

#### *Personal Information*

Name: \_\_\_\_\_

Spouse Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Birth: \_\_\_\_\_

#### *Your Gift Intention*

Please provide the following information and attach a copy of the documentation or appropriate language from your will or trust, if available. Please complete all that apply.

\_\_\_\_\_ I/We plan to support the mission of ArtsWave through the method described below:

\_\_\_\_\_ I/We have included a bequest for ArtsWave in my/our will or living trust.

\_\_\_\_\_ I/We have named ArtsWave as a beneficiary of an asset:

\_\_\_\_\_ Retirement Plan \_\_\_\_\_ Bank or Investment Account

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ I/We have named ArtsWave as a revocable/irrevocable (circle one) beneficiary of a charitable remainder trust.

The anticipated value of my/our gift is/will be approximately \$ \_\_\_\_\_ or % \_\_\_\_\_ of my/our estate. (If possible, please include a copy of the bequest language or other wording describing your planned gift.)

**Purpose of Gift**

Please provide a general description how gift is to be used:

- Unrestricted gift for the highest need at ArtsWave
- ArtsWave Endowment (include my gift in 100th Anniversary Endowment Campaign)
- Restricted for a specific purpose\* \_\_\_\_\_

*\*ArtsWave and the Donor acknowledge and agree that if, at some future time, the specific program or organization no longer exists or the gift to the organization, endowment, program or purpose becomes impossible, unnecessary, inappropriate or impractical as determined by ArtsWave, then ArtsWave may redirect all or any portion of the assets gift to such other organization, program or purpose consistent with the Donor's general interest and intent as determined by ArtsWave.*

**Recognition**

Yes, you may include me/us in listings of planned gift donors.

Please indicate how you would like your name(s) to appear in our Legacy Society listings. (Please note the amount of your intended gift will not be published):

\_\_\_\_\_

No, please do not include me/us in listings.

**Estate Contact Information:** *Although optional, the following information is very helpful:*

Executor/Trustee (if your gift is through a will or trust) OR Administering Company (ie. Fidelity, Schwab, TIAA, etc., if your gift is through a retirement account, life insurance policy, etc.) OR family member.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone or Email: \_\_\_\_\_

**Signature(s):**

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

**Date:** \_\_\_\_\_

<p><i>Please return form to:</i></p> <p><b>ArtsWave</b>  <b>Karen M. Ecker, JD</b>  <b>Director, Legacy Gift Planning</b>  <b>20 E. Central Parkway, Suite 200</b>  <b>Cincinnati, OH 45202</b>  <b>513.632.0106   karen.ecker@artswave.org</b></p>
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