

Museum Representative Signature

## Legacy Giving Society Intent Form

Thank you for sharing the details of your long-term financial plans related to The National Museum of Toys and Miniatures. Your support provides a sustainable future for the Museum and the continued preservation of its collection of toys and miniatures. This legacy gift ensures that the Museum fulfills its mission to educate, inspire, and delight adults and children today and in the future. This form is not legally binding, and the information will be kept confidential.

Name		Birthdate
Name		Birthdate
Address		
City	State	Zip Code
Telephone	Email	
GIFT SOURCE		
☐ Will. Executor:		
☐ Life Insurance Policy. Compa	ny:	
☐ Charitable Trust. Specify type	e:	
☐ IRA Distributions. Company:		
☐ Other. Please specify:		
DESIGNATION		
	Restricted Please specify:	
	rrestricted. Flease specify.	
GIFT AMOUNT		
☐ Actual amount:		
□% of re	emaining corpus	
$\square$ In the approximate amount of	of:	
☐ Less than \$10,000	☐ More than \$25,000	☐ More than \$100,000
$\square$ More than \$10,000	☐ More than \$50,000	☐ More than \$500,000
RECOGNITION		
$\Box$ I/we give permission to The I	National Museum of Toys and N	Miniatures to publicly recognize our contribution.
Please list my/our name as fo	ollows:	
☐ I/we wish to remain anonymo	ous.	
This is an expression of my/our pre	esent plans. It is is not legally b	inding on me/us or my/our estate.
Donor Signature(s)		Date

Date