



Tell Us About Your Planned Gift Statement of Intent

Thank you for your generous commitment to Madison Children's Museum. To better understand your intentions for this gift, we ask that you please complete this form with as much detail as you are comfortable sharing. The information you provide is not legally binding and we understand that you may wish to change your gift in the future. Questions? Please call us at (608)354-0534.

Your Contact Information

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ H C W

Email: _____

*You will receive occasional email updates from the museum. We will not sell, rent or exchange your email address.

About Your Gift

If you are willing to disclose information about your gift, please check all that apply. If you choose to provide an estimate of the value of your gift, please use today's dollars.

Bequest/Will Trust IRA or Retirement Plan Life Insurance Policy

Other: _____

With the understanding that values are subject to change and that this planned gift is completely revocable, the approximate value of this future gift is \$ _____ . (Optional)

Acknowledging Your Gift

I/We would like to be included in the Madison Children's Museum Legacy Society.

I/We approve of recognition of my/our intentions in donor lists and at museum events.

Please list my/our name(s) as: _____

I/We would like to remain Anonymous

If anonymous, you may publicly recognize my/our gift once it is realized.

Signature(s): _____

Date: _____

*Please return completed form to: 100 N. Hamilton Street | Madison, WI | 53703
or via email to: dluckett@madisonchildrensmuseum.org*