

LEGACY GIVING NOTIFICATION FORM

To formalize your future legacy gift, we request written documentation of your intention. It is useful, but not mandatory, for the Center to receive a copy of the relevant section(s) of your plan. Please include only the information you are comfortable sharing. Your gift intention is non-binding, will be kept strictly confidential, and will be recognized only with your approval.

DONOR INFORMATION

Name and Spouse Name (if applicable): _____
Address: _____ City: _____ State: _____ ZIP: _____
Birthday: _____ Spouse Birthday: _____
Phone: _____ Email: _____

TRUSTEE OR EXECUTOR INFORMATION

Name(s): _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____

LEGACY GIVING SOCIETY

We are pleased to recognize you as a member of the Legacy Giving Society in our annual report and other publications. Please indicate your recognition preference below:

- Please recognize me/us as: _____
- Please **do not** recognize me/us. I/we prefer to remain anonymous.

BEQUEST INFORMATION

The Children’s Science Center is named as a beneficiary of (check all that apply): If willing to share, please include the current estimated value of the asset.

- Sections of my/our will or trust _____
- Retirement account/plan* _____
- Life insurance policy _____
- Investment or financial account* _____
- Other _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Thank you for your continued support of STEM Learning and for sharing your plans with us.
Please return this form to the address below or to cao@childsci.org. As a reminder, **this form is non-binding**.

**Please note that many firms do not contact beneficiaries when the account holder is deceased. If you designate the Children’s Science Center as a beneficiary of any account not covered by your will, please notify the Center so we are aware of the designation and able to claim the assets.*