

LEGACY GIVING AT THE CHILDREN'S MUSEUM OF PHOENIX

Confidential Notification of Estate Commitment

I/we have made estate planning provisions for the benefit of the **Children's Museum of Phoenix**.

Name(s) _____

Recognition Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Successor Trustee/Executor _____

Phone _____ Email _____

Estate Planning Attorney _____

Phone _____ Email _____

This provision for the future benefit of the Children's Museum of Phoenix is a:

- | | | |
|--|---|---|
| <input type="checkbox"/> Provision in Will | <input type="checkbox"/> Beneficiary of Retirement Accounts | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Provision in Trust | <input type="checkbox"/> Real Estate (Home, Farm, Business) | <input type="checkbox"/> Charitable Lead Trust |
| <input type="checkbox"/> Charitable Gift Annuity | <input type="checkbox"/> Beneficiary of a Life Insurance Policy | <input type="checkbox"/> Other _____ |

The estimated current* value of this gift is \$ _____

*Children's Museum of Phoenix recognizes that this value is an approximation and may change due to market and lifetime reasons.

Recognition:

In accordance with my/our Legacy Giving wishes and in support of the Museum's mission, the Children's Museum of Phoenix:

- May publicize this gift.
- May publicize my name but not the gift amount.
- May publicize my gift, but I wish to remain anonymous.
- Must contact me before any publicity involving this gift.

Signature(s) _____ Date: _____

_____ Date: _____



Please return the completed form to:

Children's Museum of Phoenix
Attn: Legacy Giving
215 N 7th St, Phoenix AZ 85034
Email: cbrown@childmusephx.org