

AM SOCIETY: Estate Gift Intention Form

So that we may properly thank you and acknowledge your future gift to the Albuquerque Museum Foundation, please complete the following information. Your information will remain confidential; we do not share our mailing list.

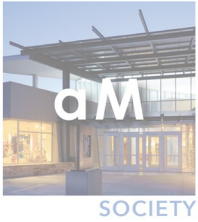
DONOR CONTACT INFORMATION	
Name	
Date of Birth	
Mailing Address	
City, State, Zip	
Primary Phone	<input type="checkbox"/> mobile
Other Phone	<input type="checkbox"/> mobile
Email	

SPOUSE/PARTNER INFORMATION (if applicable)	
Spouse/Partner Name	
Spouse/Partner Date of Birth	
Phone	<input type="checkbox"/> mobile
Email	

RECOGNITION OF GIFT
<input type="checkbox"/> My gift may be acknowledged at the Foundation's discretion.
<input type="checkbox"/> My gift is anonymous
My gift may be acknowledged with the following considerations:
<input type="checkbox"/> Do not disclose amount
<input type="checkbox"/> Other _____

ALTERNATE CONTACT INFORMATION (attorney, financial advisor, personal representative, family member)	
Name	Relationship
Organization	
Mailing Address, City, State, Zip	
Phone	Email





PURPOSE OF GIFT

This is an unrestricted gift.

Use this gift for the following purpose/s or program/s:

- Endowment
- Education
- Collections Development and Expansion
- Exhibitions

TYPE OF GIFT

- Will
- Revocable Trust
- Life Insurance
- Retirement Plan/IRA
- Irrevocable Trust
- Other (please describe):

DESCRIPTION OF GIFT

Please describe your gift to the Albuquerque Museum Foundation.
i.e.: percentage of estate, specific dollar amount, description of property

If percentage of an estate, I estimate today's value of this gift to be \$ _____

Is this a contingent* gift? Yes No

*Albuquerque Museum Foundation is an alternate beneficiary and will only receive the gift under certain circumstances. If yes, please describe the contingent circumstances: _____

I/we understand this is not a legal or binding commitment on my/our estate. The Albuquerque Museum Foundation should understand the size of this future gift may be significantly different from the amount estimated above. If for any reason in the future the Albuquerque Museum Foundation is no longer included in my/our plan, I/we will notify the Foundation so that my/our records may be updated.

Donor Signature

Spouse/Partner Signature (if applicable)

Date

Date

If you have questions regarding this form or your planned gift intentions, please contact:

Denise Crouse
Development Officer
505-677-8489
dcrouse@albuquerquemuseumfoundation.org



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