Confidential Statement of Gift Intention

Please print, complete, and mail to the Sharlot Hall Museum.

Type of Gift and Provision

I/we have named the Sharlot Hall Museum as a beneficiary of my/our:

- ☐ Will or living trust
- ☐ Donor-advised fund (DAF)
- ☐ Life insurance policy
- ☐ Charitable remainder trust or lead trust
- ☐ Retirement account (IRA, Roth, 401k, 403b, etc.)

Good faith estimate of total value: $_____

Percentage of estate/account: _____ %

If based on a percentage, please estimate the current value of the gift to the Sharlot Hall Museum: $_____

EXECUTOR/TRUSTEE INFORMATION

NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ HOME PHONE _____ CELL PHONE _____

The Sharlot Hall Museum will receive this gift:

- ☐ Upon my death
- ☐ Upon the death of my surviving spouse/partner
- ☐ Other (please specify) _____

Gift Purpose

These are the only categories established for planned gifts. This bequest is for:

- ☐ General Purposes
- ☐ Collections & Conservation
- ☐ Buildings & Grounds
- ☐ Programming (public & educational)
- ☐ Archives & Research

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Supporting Documents

I/we attach the following (optional):

- ☐ A copy of the pertinent section of my/our will or trust pertaining to the Sharlot Hall Museum
- ☐ A copy of the beneficiary designation form from my/our retirement account, life insurance policy, or DAF A letter form
- ☐ My/our attorney, executor, or trustee
- ☐ A letter from my/our attorney, executor, or trustee
- ☐ Other: _____

THE 1928 LEGACY SOCIETY

The 1928 Legacy Society was created in 2022 to recognize and thank all of the members, friends, and volunteers who have included the Sharlot Hall Museum in their estate plans or established life-income gifts. The Museum honors members of the Society through special recognition and invitations to 1928 Legacy Society events. We want to celebrate you!

The Sharlot Hall Museum understands this gift is subject to change and is not intended to be a legally binding pledge. **Information you provide will remain confidential.**

NAME _____ SIGNATURE _____ DATE _____

SPOUSE'S NAME _____ SPOUSE'S SIGNATURE _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ HOME PHONE _____ CELL PHONE _____

Once completed, please mail this form to:

Sharlot Hall Museum
Executive Director
415 W. Gurley St.
Prescott, AZ 86301

Please mark envelope CONFIDENTIAL.
We will confirm with you upon receipt.