

Washburn Legacy Society

1

Fill out the form below. This form does not represent a legally binding obligation and is for informational purposes only. All information provided will remain strictly confidential.

2

Please send the completed form to the Museum of Science Planned Giving Department at giftplanning@mos.org. Questions? Reach out to our gift planning team directly at 617-589-4417.

Individual Information

NAME(S) _____		_____	
YEAR(S) OF BIRTH _____		_____	
ADDRESS _____		CITY _____	STATE _____ ZIP/POSTAL CODE _____
PHONE NUMBER <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> MOBILE _____		EMAIL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS _____	

About Your Gift

Please let us know the type of gift you have created. Values are optional, but providing those estimated values will be extremely helpful for our long-term planning purposes.

<input type="checkbox"/> WILL: \$ _____	<input type="checkbox"/> INSURANCE POLICY: \$ _____
<input type="checkbox"/> REVOCABLE LIVING TRUST: \$ _____	<input type="checkbox"/> REAL ESTATE: \$ _____
<input type="checkbox"/> CHARITABLE REMAINDER TRUST: \$ _____	<input type="checkbox"/> RETIREMENT PLAN/IRA: \$ _____
<input type="checkbox"/> OTHER ASSET(S): \$ _____	_____

The Museum of Science uses charitable gifts to support its greatest needs unless otherwise specified by the donor. If your gift document (will/trust instrument) restricts your gift to a particular purpose, please indicate below:

My gift document does not restrict my gift, and I would like to leave it unrestricted

My gift document restricts my gift to: _____

My gift document does not restrict my gift, but I would like it designated towards: _____

Recognition

- Name(s) as you would like the gift recognized as a member of the Washburn Legacy Society: _____
- I/We wish to remain anonymous for this gift.

SIGNATURE(S) _____

DATE _____