



A Legacy Society of Museum of Glass

Confidential Membership Acceptance Form

I/We wish to be recognized with membership in the **Soffietta Studio Legacy Society** and would like to join with other members to ensure the continued growth of Museum of Glass.

NAME _____ TELEPHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

I/We are still finalizing our estate plans and want to recognize Museum of Glass. Details to follow.

I/We have provided for the future of Museum of Glass in the following manner:

- | | |
|---|--|
| <input type="checkbox"/> Bequest through will or trust | <input type="checkbox"/> Gift of life insurance |
| <input type="checkbox"/> Charitable gift annuity | <input type="checkbox"/> Bequest of retirement plan assets |
| <input type="checkbox"/> Charitable remainder trust | <input type="checkbox"/> Remainder interest in residence or farm |
| <input type="checkbox"/> Charitable lead trust | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Attached please find a copy of the page that describes my future gift provision. | |

The estimated current dollar value of my gift is \$ _____

My gift is to be used as follows: _____

Please list my name (and/or my spouse's name) in all **Soffietta Studio** directories in the following manner: _____

- You have my permission to include my name in published lists (publications, newsletters, website) recognizing **Soffietta Studio** members.
- You have my permission to use my name in internal and external published articles describing my gift and its positive impact on the future **Museum of Glass**.
- I prefer that you do not include my name in published lists recognizing **Museum of Glass Soffietta Studio** members. Please consider me an anonymous donor.
- I prefer that you do not include my name or use information about my gift in any internal or external publications

Signature

Signature

Date of Birth

Date of Birth

E-mail Address

E-mail Address