

Planned Giving Intention

<u>Donor Information</u>			
Name of donor:			
Name of donor:			_
Address:			
City:	State:	ZIP:	
Planned Gift Information			
I/We have named ProMusico	a Chamber Orchestra as a ber	neficiary of my/our:	
□ Will	Life Insurance Poli	•	
□ Retirement Assets	□ Other:		
 I/We have a donor-advi similar entity. 	sed fund established through [.]	The Columbus Foundation, or a	
·	• • • • • • • • • • • • • • • • • • • •	ica Chamber Orchestra. nsult with ProMusica to ensure th	na
, , , , , , , , , , , , , , , , , , , ,	ollar amount or percentage o oMusica with future planning.)		
Attorney/Financial Advisor in	nformation (optional)		
Advisor/Firm Name:			_
Address:			_
City:	State:	ZIP:	_
Phone:	Email:		

	I would like to be recognized as a member of the planned giving society at ProMusica.
	□ Yes – please list me/us as:
- 1	No – I would like my/our gift to remain anonymous.
No	nbinding Statement
	s statement of Planned Giving Intention is an expression of my/our present intention and is pject to revocation or modification at any time. It is not legally binding on my/our estate.

<u>ProMusica's Formal Name</u>

Recognition

In order to properly include ProMusica in your plans, please use our legal name and federal tax ID number. Please so instruct your financial and legal advisors.

Signature_____Date:____

_Date:_____

Legal Name: ProMusica Chamber Orchestra of Columbus, Inc.

Signature_____

Federal Tax ID Number: 31-0952873

Please complete and return this form to:

ProMusica Chamber Orchestra of Columbus, Inc. 620 E. Broad Street, Ste. 300 Columbus, OH 43215

For questions please contact, Matt Kurk, Director of Advancement and Engagement at 614.464.0066 ext. 104, or mkurk@promusicacolumbus.org.