

Planned Giving Intention

Donor Information

Name of donor: _____

Name of donor: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Planned Gift Information

I/We have named ProMusica Chamber Orchestra as a beneficiary of my/our:

- | | |
|--|--|
| ☐ Will | ☐ Life Insurance Policy |
| ☐ Retirement Assets | ☐ Other: _____ |

- ☐ I/We have a donor-advised fund established through The Columbus Foundation, or a similar entity.

My/Our planned gift is:

- ☐ Unrestricted – supporting the greatest need of ProMusica Chamber Orchestra.
- ☐ Restricted to the following priority: (We ask that you consult with ProMusica to ensure that the proposed restriction can be honored.)

My/Our gift's approximate dollar amount or percentage of estate is:

(This is optional, but helps ProMusica with future planning.)

Attorney/Financial Advisor information (optional)

Advisor/Firm Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Recognition

- ☐ I would like to be recognized as a member of the planned giving society at ProMusica.

☐ Yes – please list me/us as: _____

- ☐ No – I would like my/our gift to remain anonymous.

Nonbinding Statement

This statement of Planned Giving Intention is an expression of my/our present intention and is subject to revocation or modification at any time. It is not legally binding on my/our estate.

Signature _____ Date: _____

Signature _____ Date: _____

ProMusica's Formal Name

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.

Legal Name: ProMusica Chamber Orchestra of Columbus, Inc.

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, Hannah Puckett, Development Coordinator at
614.464.0066 ext. 114, or hpuckett@promusicacolumbus.org.