

CONTRIBUTION INFORMATION

Please select all that apply.

- I have included the Metal Museum in my/our will/living trust for
 - a percentage a specific amount a residuary amount
- I have established an income-producing gift arrangement for the benefit of the Metal Museum.
(Charitable remainder trust or charitable lead trust)
- The Metal Museum is a beneficiary of my/our
 - insurance policy retirement plans other (please explain) _____

Although not required, it is helpful for the Museum to receive either a copy of the relevant portions of the legal documents in which your gift is made, a letter from your legal or financial advisor that describes your gift, or an enclosed description of your planned gift.

Designation

- General Operations Exhibitions Collections
- Education (*scholarships*) Education (*programming*) Metal Studios
- Other (*please describe*) _____

Approximate Gift Amount (*Optional*) \$ _____

DONOR INFORMATION

Recognition Name _____
(Please print your name(s) as it is to appear in publications and reports)

____ I (we) wish to remain anonymous.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (h) _____ (o) _____ (c) _____

Email _____

Donor Signature _____ Date _____

The Metal Museum is committed to donor privacy. Please note that the amount of your gift will always remain confidential. The Museum recognizes 1979 Society members on the website, the Impact Report, and select publications.

Return to Madison Miller, Director of Development, by mail or by email at madison@metalmuseum.org.