



# Legacy Circle Enrollment Form

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Yes! I accept your invitation to join the Legacy Circle for DISCOVERY Children's Museum. I/We look forward to receiving invitations to special events and having my/our name included as a Legacy Circle member.

Legacy Circle Listing: \_\_\_\_\_  I wish to be anonymous

Funds from my bequest should be used:

Where most needed  For the following designated purpose: \_\_\_\_\_

The following person (attorney, CPA, financial planner, etc.) has been notified about this gift:

Name \_\_\_\_\_ Profession \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Executor/Trustee (if known):

Name \_\_\_\_\_ Phone/Email \_\_\_\_\_

### Bequest Details

DISCOVERY Children's Museum would be grateful to receive a copy of any relevant pages from your will, trust or other document, as well as any notes about contingencies.

Charitable Bequest:

Stated/Specific Gift Amount of Gift: \_\_\_\_\_

Percentage of Estate ( \_\_\_%)  Residual Estate ( \_\_\_%). Birth Date: \_\_\_\_\_

Beneficiary Designation

Retirement plan: \_\_\_\_\_

Financial/Investment acct(s): \_\_\_\_\_

Life insurance: \_\_\_\_\_

Other asset(s): \_\_\_\_\_

Other Options:  Charitable Gift Annuity  Charitable Remainder Trust  Retained Life Estate

Signature \_\_\_\_\_ Date \_\_\_\_\_

*This form is non-binding and does not constitute a legal promise of any future donation to the DISCOVERY Children's Museum. We understand that bequests are revocable and that your estate plans may change.*

**Please return this form to: DISCOVERY Children's Museum, 360 Promenade, Las Vegas, NV 89106**