



LEGACY PLAN GIFT INTENT SUMMARY

Your Information

NAME BIRTHDATE

NAME BIRTHDATE

ADDRESS

CITY STATE ZIP CODE

PHONE EMAIL

Legacy Gift Intention

I / we have named the St. Louis Symphony Orchestra as a beneficiary in my / our:

- | | |
|-----------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Will | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> Living Trust | <input type="checkbox"/> Annuity |
| <input type="checkbox"/> Charitable Remainder Trust | <input type="checkbox"/> Other <i>(please explain)</i> _____ |
| <input type="checkbox"/> Retirement/IRA Account | _____ |

My / our planned gift is:

- | |
|-------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Unrestricted: maximum flexibility for the St. Louis Symphony Orchestra to pursue its mission. |
| <input type="checkbox"/> Restricted: |
| <input type="checkbox"/> Endowment |
| <input type="checkbox"/> Music Education |
| <input type="checkbox"/> Artistic Programs |
| <input type="checkbox"/> Other _____ |

(We want to honor your intention, please consult with us if you are considering a restricted gift.)

The approximate estimated dollar amount or percentage of our gift is *(Optional, but helps with future planning and may qualify for matching funds)*:

Signature(s): *This is not legally binding.*

SIGNATURE DATE

SIGNATURE DATE

Relevant Documentation

- Attached is a copy of the relevant portions of the legal documents relating to my/our future gift to the SLSO or a letter from my legal or financial advisor that describes the nature and purpose of the gift. (*Helps the SLSO with future planning.*)

Personal Representative

- Attorney
- Executor
- Financial Advisor

PHONE

EMAIL

Recognition Preferences

I am / we are pleased to accept membership in the St. Louis Symphony Orchestra's **Legacy Circle**, which honors those who have included the orchestra in their long-term financial plans.

- I / we prefer to be listed with other Legacy Circle members in *Playbill* and on in other publications.

Please list me / us as: _____

- I / we prefer to be anonymous in publications but wish to accept the other benefits of membership, including invitations to members events and concerts.

Legacy Circle Membership

Membership includes the following benefits:

- Recognition in *Playbill* and SLSO publications.
- Admission to the William T. Kemper Lounge before classical concerts and during intermission (complimentary refreshments, coffee and tea, cash bar, and private restrooms).
- Invitations to special events and opportunities to meet musicians and other Legacy Circle members.

Questions and Completed Forms

Thank you for sharing details regarding your long-term financial plans. Information disclosed is kept strictly confidential. This form is not legally binding, but it helps us understand your wishes and administer your gift in accordance with your intentions. For questions about your gift or completing this form, please get in touch with Elaine Wichmer at 314-286-4457 / elainew@slo.org or Erin Estopare at 314-286-4183 / erine@slo.org.

Please return completed form to: St. Louis Symphony Orchestra
Attn: Office of Philanthropy
718 North Grand Blvd.
St. Louis, MO 63103