

## PLANNED GIVING

**I/we desire to provide for the future well-being of P.S. ARTS through a provision in my/our estate plans, and with this document we are informing P.S. ARTS of our plans. I/we understand that this future commitment can be revoked or modified by me/us at any time.**

Please print.

\_\_\_\_\_  
Full Name 1

\_\_\_\_\_  
Full Name 2 (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail Address 1

\_\_\_\_\_  
E-mail Address 2

I/we have made a provision to leave a legacy gift to P.S. ARTS through my/our:

Will

Life Insurance Policy

Retirement Plan or IRA

Charitable Trust

Living Trust

Other \_\_\_\_\_

**I/we wish to inform P.S. ARTS**, for long-term planning purposes only, that the current value of my/our future gift is \$\_\_\_\_\_. (This amount is kept confidential; if your gift is a percentage of your estate, please indicate the approximate value.) I/we understand that by stating an amount me/our estate is not legally bound by this statement and that I/we may choose to add, subtract or revoke this bequest at any time, at my/our sole discretion.

### Gift Recognition

You may publish my/our names in your lists of P.S. ARTS Planned Gift members as a motivation for others to leave a future gift to benefit P.S. ARTS. Dollar amounts will not be listed.

I/we do not want my/our names published.

\_\_\_\_\_  
Signature 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature 2 (if applicable)

\_\_\_\_\_  
Date

Please send form to:

**Cassandra Krause**, Advancement Director  
cassandra.krause@psarts.org