



CINCINNATI SYMPHONY & POPS ORCHESTRA

The Thomas Schippers Legacy Society Confidential Documentation Form

The Thomas Schippers Legacy Society recognizes those friends of the Orchestra who have included the Cincinnati Symphony Orchestra in their estate plans.

On behalf of the musicians, staff, board and volunteers of the Cincinnati Symphony and Pops Orchestra, we thank you. Your support ensures that the CSO is the place where passion comes to play, for todays and future generations!

Donor Information:

Preferred Name, Spouse's/Partner's Preferred Name, Preferred Mailing Address, City, State, Zip Code, Home Phone Number, Work Phone Number, E-mail Address

Thomas Schippers Legacy Society Instrument or Provision: I have made provisions for the Cincinnati Symphony Orchestra as a beneficiary of my: Will/Living Trust Retirement Plan Life Insurance Policy Charitable Trust Charitable Gift Annuity Other

My bequest is in the specific amount of: \$ My bequest is % of my estate. My bequest is stated as a percentage and is worth approximately: \$ I wish to keep the value of my bequest private at this time.

Purpose:

Please designate my gift: CSO Pops Both Where the need is greatest Designated for a specific purpose \*

Although not required, it is often helpful for the Orchestra to have in its confidential files a copy of the applicable excerpts from your will, trust agreement, or other documents pertaining to your provisions. No information about your gift will be released without your prior approval.

The CSO has the right to accept or decline a gift, as determined by the Orchestra's gift acceptance policies.

The Orchestra recognizes members of The Thomas Schippers Legacy Society in concert programs and other publications. By doing so, others are encouraged to think about the possibilities of including the Orchestra in their estate plans. May we have your permission to include your name(s) in our list of Thomas Schippers Legacy Society members?

Yes, please include my (our) name(s) as member(s) of The Thomas Schippers Legacy Society. Please list as follows:

No, I prefer to keep this information confidential.

Your signature(s)

Date