The Washington Pavilion offers you the opportunity to join others who have made a charitable contribution to the Washington Pavilion through a bequest or estate plan.



Remembering the Washington Pavilion through a planned gift ensures that our programs and services will remain viable for years to come and is an investment in our future.

☐ I/We would prefer to be listed anonymously.

plans to benefit the Washington Pavilion of Arts and Science as to your wishes.

We would like to honor all those who have made a bequest in their will or estate plan. If you have made a commitment, please fill out the following information so we may honor your gift.

DONOR INFORMATION

name		Date of Birth / /	
Name of Spouse		Spouse's Date	of Birth / /
Address Phone		City/State/ZipEmail	
\square Will or trust \square Donor-advised fund		remainder*	
☐ IRA/Retirement plan beneficiary*		☐ Other	
*Name of organization/	company where the assets a	re held:	
For long-term planning purpose	s, the estimated value of the	gift as of this da	y is:
GIFT DESIGNATION			
The following information will he	elp us better understand yoા	ur intentions for y	our gift. My/our legacy gift is:
☐ Restricted to Kirby Science Discovery Center		☐ Restricted to Visual Arts Center	
☐ Restricted to Education		☐ Restricted to Performances	
☐ Unrestricted (Unrest	ricted gifts allow the Washin	gton Pavilion to	direct funds where they are most needed.)
ACKNOWLEDGMENT OF C	iIFT		
Planned gifts are essential to en you will join a dedicated group v	sure that the Washington Pa who are committed to sustai be listed as member(s) of the	avilion flourishes ning the mission e Washington Pav	planned gift through the Legacy Giving program. for generations to come. With your planned gift, of the Washington Pavilion. vilion of Arts and Science's Legacy Giving program
☐ My/Our name should	be listed as follows:		

SIGNATURE DATE

This document does not create a binding commitment. By signing this form, you are simply acknowledging your current