

LEGACY SOCIETY CONFIDENTIAL MEMBERSHIP ENROLLMENT FORM

The Legacy Society was created to recognize those who intend to make a planned gift to Levine Museum of the New South (LMNS) by way of a will, trust, beneficiary designation or other giving arrangement. By their generosity, these special people have shown commitment to the work and future of LMNS and will be remembered in perpetuity for their support. This form is non-binding and does not constitute a legal promise to make a gift. We understand that most estate gifts are revocable and your estate plans may change. We are asking for the information on this form for our record keeping purposes only and will be kept in strict confidence.

Date _____

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appear on donor walls and/or any documents or may acknowledge your gift according to your o remain anonymous. Development Officer at 704.333-1887 ext.2093

Levine Museum of the New South P.O. Box 30125, Charlotte, NC 28230



Levine Museum of the New South is included as a beneficiary in the following (check all that apply): Retirement Account Investment Firm _____ Trust Date of Trust _____ Trustee Contact Information _____ Will Date of Will Insurance Policy Name of Insurance Company _____ Levine Museum of the New South is a: Percentage amount beneficiary Percentage _____ Dollar amount beneficiary Residual amount beneficiary Estimated Value _____ Estimated values will be held in strict confidence Please submit any pertinent pages of your will or trust where Levine Museum of the New South is mentioned. As an expression of my commitment to ensuring history is not forgotten and remains accessible for generations to come, I declare my intention to make a bequest to Levine Museum of the New South. Signature(s)