

what will your legacy be?

PLANNED GIFT NOTIFICATION FORM

TODAY'S DATE

DONOR CONTACT INFORMATION

NAME(S)

ADDRESS

PHONE

EMAIL

☐ I would like to complete this form with the help of a St. Cecilia Music Center staff member. Please contact me.

GIFT INFORMATION—PLEASE SELECT ONE

I HAVE INCLUDED ST. CECILIA MUSIC CENTER:

- ☐ In my will or trust.
- ☐ As a beneficiary of my life insurance policy.
- ☐ As a beneficiary of my retirement account.
- ☐ Other (please specify): _____.

MY GIFT IS FOR:

- ☐ **St. Cecilia Music Center Endowment Fund**
- ☐ Purpose is UNRESTRICTED
- ☐ Purpose is RESTRICTED for: _____
- ☐ **A New Named Endowed Fund** (available for gifts of \$50,000 or more) to be used for:
- ☐ Purpose is UNRESTRICTED
- ☐ Purpose is RESTRICTED for: _____
- ☐ **St. Cecilia Music Center Non-Endowment** — For current use or as determined by the Board of Directors*.
- ☐ Purpose is UNRESTRICTED
- ☐ Purpose is RESTRICTED for: _____

**Current Board policy dictates that all planned gifts of \$50,000 or more are designated to the Endowment—Unrestricted.
If that is not your wish, please detail your specific intent on this form.*

(COVER, PLEASE)

GIFT DOCUMENTATION

- ☐ I have attached a copy of the relevant portion of my will, trust, beneficiary designation form or other planned giving document (title page, page enumerating the gift to St. Cecilia Music Center, your signature. Please blackout other confidential information.) **PLEASE NOTE:** Submission of this documentation is helpful, but not required.
- ☐ I would rather speak to a St. Cecilia Music Center representative about this option. Please contact me.

AMOUNT OF GIFT

The approximate value of my legacy gift is currently \$ _____.

GIFT RECOGNITION —AFTER THE GIFT IS RECEIVED

- ☐ I would like my name to appear in SCMC publications as: _____
- ☐ I wish to remain anonymous.

CRESCENDO CLUB

The Crescendo Club was created to honor supporters who have chosen to leave a legacy for the future of St. Cecilia Music Center by making a planned gift. By notifying us of your planned gift, you are invited to become a member of the Crescendo Club and will receive special benefits, including: annual recognition in our program, invitations to exclusive events, and a personalized tour of the Center's historic building.

- ☐ Yes, I would like to be included in the Crescendo Club.
- ☐ I would like my name to appear in the Crescendo Club listing as: _____
- ☐ I wish to remain anonymous, but would still like to receive other Crescendo Club benefits.

DONOR SIGNATURE

SIGNATURE

DATE OF BIRTH

SIGNATURE

DATE OF BIRTH

ST. CECILIA MUSIC CENTER THANKS YOU FOR YOUR LEGACY SUPPORT.

Please return form to Development Director Lauren Cooper:

St. Cecilia Music Center, Attn: Lauren Cooper, 24 Ransom NE, Grand Rapids, MI 49503

Lauren@scmc-online.org | 616.459.2224 x205