

BEQUEST NOTIFICATION CONFIDENTIAL



Planned gifts will play a critical role in the future success of the Theodore Roosevelt Inaugural Site. We are forever grateful for this commitment and honor those who remember the TR Site in this way with special recognition as a member of the Legacy Society. We are mindful of the commitment you have made and truly appreciate it. Thank You!

- ☐ I/We plan to support the mission of the Theodore Roosevelt Inaugural Site Foundation with a legacy gift.

BENEFICIARY DESIGNATION

- ☐ Included a bequest for the Theodore Roosevelt Inaugural Site in my/our will or living trust.

☐ I/We included the Theodore Roosevelt Inaugural Site as a beneficiary of an asset.
The asset(s) of which the Theodore Roosevelt Inaugural Site is a beneficiary is/are:

- ☐ Retirement plan(s) ☐ Financial or investment account(s) ☐ Life insurance policy
☐ Charitable Gift Annuity ☐ Charitable Remainder Trust ☐ Other asset(s) *list below*

I/We anticipate that the approximate value of my/our designation will be:

\$ _____ or percent

My/our gift is: ☐ Restricted *fund name/area* _____
☐ Unrestricted

Donor(s) wishes are documented with the Foundation: ☐ No

☐ Yes *Explain* _____

I/we the undersigned do hereby consent to the publication of my/our names as members of the Theodore Roosevelt Inaugural Site Foundation. This consent extends to the publication of my/our names only, in annual reports and other publications of either the Foundation or the Theodore Roosevelt Inaugural Site.

Name

Name

Date

Date

Please list your name(s) as you would like it to be published as a member of the Legacy Society:

☐ I/we wish to inform you of intent but prefer to be listed as anonymous.
(Please turnover and complete page 2)

INFORMATION THAT WOULD BE HELPFUL TO FULFILL YOUR LEGACY WISHES

MY/OUR NAME(S)

Title First Name M.I. Last Name

Title First Name M.I. Last Name

Address
Number and Street City/State Zip Code

Telephone () Email Address

NAME OF ATTORNEY

Title First Name M.I. Last Name

Address
Number and Street City/State Zip Code

Telephone () Email Address

NAME OF EXECUTOR OR TRUSTEE

Title First Name M.I. Last Name

Title First Name M.I. Last Name

Address
Number and Street City/State Zip Code

Telephone () Email Address

NAME OF FINANCIAL ADVISOR

Title First Name M.I. Last Name

Address
Number and Street City/State Zip Code

Telephone () Email Address

As a member of the Theodore Roosevelt Inaugural Site Legacy Society, I/We are consenting to provide the following personal information to the Theodore Roosevelt Inaugural Site Foundation on __/__/20__. No contact will be made with your advisor(s) unless you specifically request that we do so in order to fulfill your wishes.

Name Name

Date Date

Theodore Roosevelt Inaugural Site Foundation Representative _____

Date Received _____