NATIONAL MUSEUM OF WOMEN IN THE ARTS

1250 New York Avenue, NW Washington, DC 20005 202-783-5000

nmwa.org

THE NMWA LEGACY SOCIETY

The Legacy Society recognizes and honors those who have made provisions for the museum in their estate plans.

□ **YES!** I wish to confirm my membership in the Legacy Society by sharing my intent to include the museum in my estate plans.

Please list me as a member of the Legacy Society using the following name(s):

□ Check this box if you would prefer your commitment	to be anonymous.	
Mailing Address:		
Email Address:	Phone number:	
NMWA FEDERAL TAX ID #52-1238810 I have made provision for the National Museum of	of Women in the Arts (NMWA) in my estate plan as follo	ows:
□ Bequest in my Will of: □ Cash, □ Stock and Bo or □ Other (please identify):		
 Provision in my Will of% of the restimate the present value for NMWA to be: 	st and remainder of my estate. \$	
 Beneficiary of my IRA, Life Insurance, or Dollar Amount: Percentage: I estimate the presentation of the present	\$	
□ Other (To be determined at a later date.)		
Comments:		

Thank you for your generosity.

Please note: This is a not a binding legal document. Your signature verifies that this information is correct as of the date you signed this form. The National Museum of Women in the Arts recognizes that the value of a future gift, as well as the provision creating the gift, may change over time. Please notify us of any changes in your charitable plans for NMWA.

DATE

YOUR SIGNATURE

DATE OF BIRTH

JOINT SIGNATURE, IF APPLICABLE

Please call the Development Office at **866-875-4627** with any questions. Kindly return this form by email to **plannedgiving@nmwa.org,** or mail it to: Planned Giving, National Museum of Women in the Arts, 1250 New York Avenue NW, Washington, DC 20005

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