



nmwa.org

## THE WILHELMINA AND WALLACE HOLLADAY LEGACY SOCIETY

The Legacy Society recognizes and nonors thos	e who have made provisions for the mus	seum in their estate plans.
☐ <b>YES!</b> I wish to confirm my membership in the intent to include the museum in my estate p	_	cy Society by sharing my
Please list me as a member of the Legacy So	ciety using the following name(s):	
☐ Check this box if you would prefer your commitm	nent to be anonymous.	
Mailing address:		
Email address:	Phone number:	
NMWA FEDERAL TAX ID #52-1238810 I have made a provision for the National Mus	seum of Women in the Arts (NMWA) in my	y estate plan as follows:
☐ Bequest in my Will of: ☐ Cash, ☐ Stock and bonds, ☐ Property or ☐ Other (please identify):		\$
☐ Provision in my Will of% of the rest and remainder of my estate.  I estimate the present value for NMWA to be:		\$
<ul><li>□ Beneficiary of my □ IRA, □ Life insurance,</li><li>□ Dollar amount:</li><li>□ Percentage: I estimate</li></ul>	·	\$ \$
☐ Other (To be determined at a later date.)		
Comments:		
<b>Thank you for your generosity.</b> Please note: This is not a binding legal document. You this form. The National Museum of Women in the Art the gift, may change over time. Please notify us of an	ts recognizes that the value of a future gift, a	s well as the provision creating
DATE	YOUR SIGNATURE	
BIRTHDAY	JOINT SIGNATURE, IF APPI	LICABLE

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 Ave NW, Washington, DC 20005

JOINT SIGNATURE, IF APPLICABLE