

# Membership Form

## GIFT INTENTION

### GENERAL INFORMATION

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### RECOGNITION

Realizing that my/our example may encourage others to include the Minnesota Orchestra in their estate plans, I/we hereby give permission for my/our name to be recognized on the Laureate Society roster in any Orchestra communications as indicated below:

\_\_\_\_\_  
Please print your name(s) as you would like it to appear.  
The Laureate Society roster does not include gift amounts.

I/We prefer to remain anonymous

### MUSICAL INTERESTS (optional – but we'd love to know)

Favorite musical instrument or composer: \_\_\_\_\_

Favorite piece of music: \_\_\_\_\_

Instrument I/we play: \_\_\_\_\_

OVER PLEASE

Please return form to: Minnesota Orchestra – Planned Giving, 1111 Nicollet Mall, Minneapolis, MN 55403

Questions: Please contact 612.371.5600 or [plannedgiving@mnorch.org](mailto:plannedgiving@mnorch.org)

**GIFT INFORMATION** (strictly confidential)

I/we have designated the Minnesota Orchestral Association as a beneficiary of a:

- Will or revocable trust
- Charitable remainder trust
- Savings account or CD
- Fund/trust at the Minneapolis Foundation, St. Paul Foundation or other foundation
- Life insurance policy or annuity
- Charitable gift annuity
- Retirement account

The approximate value of my/our gift is \$ \_\_\_\_\_ (optional).

Please consider providing a copy or excerpt of your estate document that references your gift to the Minnesota Orchestra. Doing so is completely optional, but greatly appreciated.

Please use my estate gift for the following purpose:

- Permanent Endowment
- General Operating
- Other (Please contact planned giving staff to discuss details.)

**PROFESSIONAL ADVISORS**

Attorney/Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Financial Planner/Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Thank you for making a gift to benefit the Minnesota Orchestra's future.  
A copy of this form will be sent to you for your records. Welcome to the Laureate Society!

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_