SANTA CRUZ MUSEUM of natural history

Planned Gift Intention Form

Lightkeeper Society

The Santa Cruz Museum of Natural History Lightkeeper Society acknowledges individuals who have designated the museum in their long-term giving plans. Lightkeeper Society members are honored with distinctive updates and priority access to special occasions.

If you have already initiated a planned gift to the Santa Cruz Museum of Natural History, please let us know by completing this form. Information you share will be kept confidential.

Thank you, and welcome to the Santa Cruz Museum of Natural History's Lightkeeper Society!

_____

I/We have made provisions to provide for Santa Cruz Museum of Natural History in my/our estate plans and wish to share my/our philanthropic wishes with the museum.

Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Address: _____

☐ Please recognize me/us in the Lightkeeper Society as: _____

☐ I/We would like my/our inclusion in the Lightkeeper Society to remain anonymous.

I/We have provided for the Santa Cruz Museum of Natural History Museum through my/our:

☐ Will, Revocable Living Trust, or Testamentary Trust

IRA/Retirement Plan (beneficiary designation)

Life Insurance Policy

Charitable Trust

Other (please specify) _____

Gift Value: This gift has an approximate value today of:
☐ $_____ (flat amount) ☐ _____% of my assets/estate

☐ Enclosed is a copy of the relevant portion of the gift documents. (If possible)

My/Our intention is that the Santa Cruz Museum of Natural History use this future gift for the following purpose(s):

☐ Unrestricted (areas of greatest need)

☐ Bright Future Capital Campaign

☐ Other (please specify): _____

The Museum recommends unrestricted gifts to provide maximum flexibility in meeting areas of greatest need. Donors wishing to restrict their gift to a specific purpose should indicate their preference above.

By letting us know, we can ensure that we fulfill your gift exactly as you intended. All information you share will be kept confidential, and we respect any desire to remain anonymous.

This statement reflects my/our present intentions. I/We recognize that this information helps ensure accurate allocation of my/our contribution and assists in projecting future philanthropic support.

Signature: _____ Date: _____

Signature: _____ Date: _____

_____

Please return this form:

Mail: Santa Cruz Museum of Natural History, 12305 East Cliff Drive, Santa Cruz, CA 95062
Email: development@santacruzmuseum.org

Tax ID: 94-2427733