

Statement of Intent

Thank you for your intention to support the New Brunswick Museum. We ask that you complete this form with as much detail as you are willing to share. Any information about your gift will remain strictly confidential and does not create a binding obligation.

My/Our Information

Name(s): _____

Address: _____

City: _____

Province/State: _____

Postal/Zip Code: _____

Phone: _____

Email: _____

Gift Information:

As an indication of our support, I/we intend to provide a gift to the NBM as set forth in (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Bequest in Will | <input type="checkbox"/> Charitable Gift Annuity |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Retirement Plan Beneficiary Designation | <input type="checkbox"/> Directed Program Support |

Other asset (please describe): _____

The New Brunswick Museum is a contingent beneficiary of the indicated asset above (please explain): _____

The current estimated value of my/our gift is \$_____ My/Our gift is _____% of the asset indicated above. If a percentage is given, what is the current estimated value of the percent in today's dollars \$_____.

I/We have enclosed the relevant portion of my/our estate plans (optional) Type of Gift (e.g. specific bequest, residual, life insurance): _____

My/Our gift is designated for:

- Highest Priorities of the New Brunswick Museum
- Gift Agreement/Letter - I/We have signed a Gift Letter or Agreement with the New Brunswick Museum stating the designation or purpose for this gift.
- I/We have not signed a Gift Letter or Agreement. New Brunswick Museum may use this future gift for (Briefly describe the program you would like your gift to benefit. If multiple areas, please provide percentages or specific amounts):

Recognition:

Donors who provide a planned gift to benefit the New Brunswick Museum will be acknowledged in the NBM.

I/we prefer no public recognition and wish to remain anonymous.

Please list my/our name(s) as follows:

Estate Contact Information: Although optional, the following information is very helpful:

Executor, Trustee (if your gift is through a Will, Trust):

Name: _____

Address: _____

City: _____ Prov./State _____ Postal/Zip Code: _____

Phone: _____

Email: _____

Administrating Company (if your gift is through a retirement account or life insurance policy):

Name: _____

Address: _____

City: _____ Prov./State _____ Postal/Zip Code: _____

Phone: _____

Email: _____

Additional Contact/Relationship you may want us to know (family, attorney, etc.)

Name: _____

Relation: _____

Address: _____

City: _____ Prov./State _____ Postal/Zip Code: _____

Phone: _____

Email: _____

I/We understand this pledge does not create a binding legal or financial obligation and any details about my/our gift will remain confidential. The New Brunswick Museum understands that the size of my/our future gift may change.

Signature _____ Spouse Signature (if joint): _____

Date: _____

Please return this form to: New Brunswick Museum | Development Office/Planned Giving 228
Lancaster Avenue | Saint John, NB E2M 2K8 | CANADA | email: develop@nbm-mnb.ca