

Confirmation of Your Legacy Gift

This form is to help you provide information about your legacy gift to Indianapolis Chamber Orchestra. By sharing this information, you can help ensure that your gift will be used in accordance with your wishes. If this is a joint gift, please complete the spouse/partner fields and signature. *Required fields

	(If applicable)
*Name:	Spouse/Partner:
*Date of Birth:	Date of Birth:
*Address:	
	Email Address:
Affiliation with the ICO:	
*Please describe your legacy gift. Select one o	of the following options:
□ Will □ Revocable "Living" Trust □ Retireme	ent Account Other:
	hestra to use your gift (unrestricted use or a specific ds the Artistic Excellence fund endeavors like worlde programming and production).
Please provide an estimate of the current value kept confidential. This estimate does not bind y	e of your legacy gift to ICO. All such information will be you or your estate in any way.
Estimate:	
	to become a member of the ICO Maestro Society and have s. You will receive notification and will be invited to special
*Select one of the following options: ☐ Yes, I/we would like to be listed as a member ☐ Yes, I/we would like to be a member of the IC ☐ No, please do not include me/us in the ICO N	CO Maestro Society but list my/our gift as "Anonymous."
*Signature:	*Date:
(If applicable) Spouse/Partner:	Date:

This document does not bind you or your estate. By signing this form, you are simply acknowledging your current plans to benefit ICO in the future and giving us guidance as to your wishes. Upon submission, a copy of this form will be emailed to you for signature confirmation. Please confirm your signature in order to submit the completed form to the ICO Office of Gift Planning. Questions? Contact the Office of Gift Planning: 317-940-9607 | dstone@icomusic.org | icomusic.org