



# PLANNED GIFT INTENT FORM

This form is to advise the Dubuque County Historical Society (DCHS), which operates the National Mississippi River Museum & Aquarium and the Mathias Ham Historic Site, of my philanthropic intent and will be held in the strictest confidence. **It is not binding.**

NAME: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

YEAR OF BIRTH: \_\_\_\_\_

## BEQUEST INFORMATION

- WILL
- TRUST UNDER MY WILL
- RETIREMENT PLAN ASSETS
- REVOCABLE TRUST
- LIFE INSURANCE POLICY/ANNUITIES
- QUALIFIED CHARITABLE DONATION (401K)
- OTHER

For DCHS's long-term planning purpose only, as of this date, the value of my anticipated bequest gift is \$\_\_\_\_\_ OR \_\_\_\_\_% of my estate.

*(Disclosure is greatly appreciated, but not required. If unsure of precise amount, please estimate. Any additional letters or copies of those sections of your will which further describe the nature of your provision are welcome.)*

It is my/our wish that the estate gift be used as follows:

- AREA OF GREATEST NEED TO THE ORGANIZATION.
- DESIGNATED FOR THE FOLLOWING PURPOSE: \_\_\_\_\_

## RECOGNITION

- YOU MAY PRINT MY/OUR NAME(S) IN LEGACY SOCIETY LISTINGS AS FOLLOWS.\*

\_\_\_\_\_

*\*If willing, please provide a quote and electronic image that we may add to our Legacy Society wall to inspire future generations of donors.*

- YOU MAY **NOT** PRINT MY/OUR NAME(S) IN LEGACY SOCIETY LISTINGS.

SIGNATURE: \_\_\_\_\_

*Thank you for your support, which will inspire stewardship of our history and rivers for generations to come.*

Please return this declaration to: Attn: Development Office  
Dubuque County Historical Society  
350 East Third Street, Dubuque, Iowa 52001