

ST. LOUIS SYMPHONY ORCHESTRA

LEGACY GIFT NOTIFICATION FORM

NAME	/	BIRTHDATE
NAME	/	BIRTHDATE
ADDRESS		
CITY	/	STATE
	/	ZIP
TELEPHONE	/	EMAIL

Legacy Gift Intention

I/We have named the **St. Louis Symphony Orchestra** as a beneficiary of my/our:

- | | |
|-----------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Will/Living Trust | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> Charitable Remainder Trust | <input type="checkbox"/> Annuity |
| <input type="checkbox"/> Retirement Assets | <input type="checkbox"/> Other <i>(please explain)</i> _____ |

My/Our planned gift is:

- Unrestricted** to provide maximum flexibility for the St. Louis Symphony Orchestra to pursue its mission.
- Restricted** for the following priority *(please consult with the SLSO if you are considering a restricted gift as we want to honor your intention)*:

The approximate dollar amount or percentage of our gift is *(optional, but helps the SLSO with future planning)*:

The SLSO wants to understand the “why” behind your legacy gift. If you don’t mind, please share with us the reason you want to make such a meaningful gift to the SLSO:

Signatures *(This is not legally binding)*

SIGNATURE	/	DATE
SIGNATURE	/	DATE

Please remember to complete reverse side of this form

LEGACY CIRCLE

Documentation

- Attached is a copy of the relevant portions of the legal documents relating to my/our future gift to the SLSO or a letter from my legal or financial advisor that describes the nature and purpose of the gift (*optional, but helps the SLSO with future planning*).

Attorney

MY ATTORNEY

ATTORNEY PHONE

ATTORNEY ADDRESS

ATTORNEY EMAIL

Recognition

I am/We are pleased to accept membership in the St. Louis Symphony Orchestra's Legacy Circle, which honors those who have included the orchestra in their long term financial plans. I/We understand that membership is based upon information provided about my/our future gift to the SLSO.

- I/We prefer to be listed with other Legacy Circle members in *Playbill* and on the Wall of Honor at Powell Hall. (Allowing your name to be listed can inspire others to provide for the SLSO with a future gift.)

Please list me/us as:

-
- I/We prefer to be anonymous in publications, but wish to accept the other benefits of membership.

Legacy Circle Membership

It includes the following benefits:

- Recognition in *Playbill* and on the Wall of Honor at Powell Hall.
- Admission to the Whitaker Room before classical concerts and during intermission (complimentary refreshments, coffee and tea, cash bar, coat rack and restrooms)
- Invitations to special events and opportunities to meet SLSO musicians, as well as other Legacy Circle members.

Thank you for sharing details regarding your long-term financial plans. Information disclosed will be kept strictly confidential. This is not a legally binding document but helps us understand your wishes for the future.

For more information, please contact Elizabeth Niven at 314-286-4192 or elizabethn@slo.org.

PLEASE RETURN COMPLETED FORM TO:

St. Louis Symphony Orchestra
Attn: Elizabeth Niven
718 North Grand Blvd.
St. Louis, MO 63103