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:

☐ Will/Living Trust
☐ Charitable Remainder Trust
☐ Life Insurance Policy
☐ Retirement Assets
☐ Annuity
☐ Other (please explain) ___________________________________________________

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 Elaine Wichmer at 314-286-4457 or elainew@slso.org.

PLEASE RETURN COMPLETED FORM TO:
St. Louis Symphony Orchestra
Attn: Elaine Wichmer
718 North Grand Blvd.
St. Louis, MO 63103