

CONFIDENTIAL STATEMENT OF LEGACY PROVISION		
I / We have provided for the future of The Museum of Flight by naming the Museum a beneficiary of my / our: Will / Living Trust IRA / Retirement Plan Bank / Investment Account Charitable Trust Other type of provision:		
GIFT VALUE Estimated current value of my planned gift: \$ \$100,000 or more \$25,000 - \$49,999 \$50,000 - \$99,999 I understand the above estimate does not legally bind my / our estate in any way		
Bequest is stated as a percentage:%		
BEQUEST DETAILS - Please check all that apply. My bequest depends on a contingency, such as death of a spouse, partner, or child. My spouse / partner has done the same. The Museum will receive a gift upon death of the second-to-die		
I / We added this bequest to my / our existing Will or Trust or updated my / our beneficiary designation forms to include a gift to the Museum of Flight.		
This change was made on the following date:		
My / Our gift may be added to the Museum's endowment funds. YES NO		
My / Our gift is restricted to a specific area / program of the Museum.		
If yes, please specify		

DONOR INFORMATION - Please print.

As a member of the Eagle Heritage Society, I understand that I will receive recognition in an area of the Museum that honors endowment and planned gift support, joining my name with others to transfer the legacy of aviation and aerospace history and achievement to future generations.

Donor Name		Birth Date	
Street Address			
City	State	Zip	
Email		Phone	
Signature		Today's Date	
2 nd Donor Signature*		Today's Date	
*Only required if gift is payable to Th	e Museum of Flight after the passing of	both spouses.	
I / we give approval to have mease recognize as:	ny / our name(s) included in The Muse	um of Flight's publications.	
I / we would prefer to remain	anonymous and <u>not</u> be included in The	e Museum of Flight's publications.	
		nd to personally express the Museum's ch will ultimately be made permanent by	
DOCUMENTATION OPTIONS:			
 A copy of the portion of the planned gift to the Museum The document's signature planned is part of you survivor, please include the 	page, including the date the document or spouse / partner's estate plan and w	lesignation form that references your t was signed. vill not be realized until the death of the	
I do not wish to provide doc		ther 3 signature if applicable.	

Please return this form along with the requested documentation to:

The Museum of Flight
Attn: Planned Giving
9404 East Marginal Way South
Seattle, Washington 98108

Questions? Phone: 206.768.7199 | Jmartin@museumofflight.org