

The Florida Orchestra
Mary Elizabeth Mitchell Society

Legacy Commitment Form

General Information:

Name _____

Address _____

City _____ State _____ Zip _____

Home phone () _____ Work phone () _____

Email _____ Date _____

Gift Information:

I have decided to support The Florida Orchestra with a legacy commitment. I have designated The Florida Orchestra as the beneficiary of a:

- | | |
|---|---|
| <input type="checkbox"/> Bequest | <input type="checkbox"/> Retirement account |
| <input type="checkbox"/> Life insurance | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Gift annuity | <input type="checkbox"/> Other _____ |

[Optional: The approximate value of my legacy gift is \$ _____.]

Recognition:

Please indicate how your name should appear when members of the *Mary Elizabeth Mitchell Society* are recognized or if you would like to remain anonymous:

Name _____

- I/We wish to remain anonymous.

Signature _____

Please return completed form to:

Betsy Walch, Director of Annual Giving
244 2nd Avenue North, 4th Floor
St. Petersburg, FL 33701_
bwalch@floridaorchestra.org
Office: 727.362.5425
Fax: 727.892.3338

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