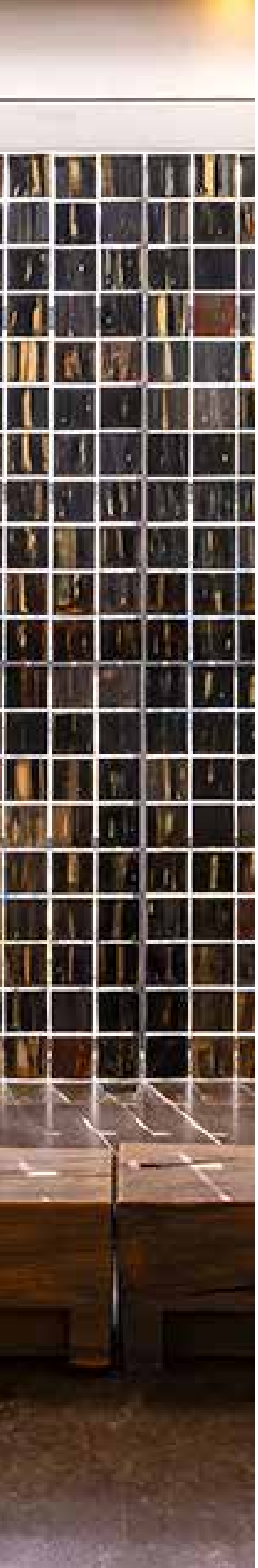

generation to generation
legacysociety
HOLOCAUST MUSEUM HOUSTON

Your gift will have a lasting impact on the Holocaust Museum Houston. Whether it is through endowment programming, educational field trip sponsorship, community-outreach programs or capital improvements, your gift and your Legacy Society membership will inspire others to make a similar investment. Sharing information about your gift allows the Museum to be more effective in its long-term planning. All information provided about your gift will remain strictly confidential.

PLEASE CHOOSE ONE

☐ I/We have already included a legacy gift for Holocaust Museum Houston in my/our estate plan.

☐ I/We will leave a legacy gift and will formalize my/our gift within _____ months.

INFORMATION ABOUT YOUR GIFT

_____
Donor Name(s)

Date(s) of Birth _____

_____
Address City State ZIP/Postal Code

Please indicate preferred contact information:

_____ _____
☐ Home Phone ☐ Cell Phone

_____ _____
☐ Office Phone ☐ Email Address

PURPOSE OF GIFT

☐ I would like the Museum to use this gift in the way that has the greatest impact on its mission and its long-term goals.

☐ I have worked with the Museum to complete a gift agreement that governs the use of these funds.

☐ I would like to direct this gift to the following purpose or use:

FORM AND AMOUNT OF GIFT

I have provided for Holocaust Museum Houston in my estate plans in the following way(s):

	Date	Amount
☐ Through a bequest in a will or revocable trust.		
Based upon a_____specific amount or_____% of Estate		
☐ As a beneficiary of an IRA, 401(k) or other retirement plan.		
☐ As a beneficiary of a life insurance policy.		
☐ As a beneficiary of a charitable remainder trust.		
☐ As a beneficiary of a charitable lead trust.		

☐ Other (Please describe): _____

_____

Name(s) as you would like the gift recognized as a member of the *Generation to Generation* Legacy Society:

_____

_____

Signature _____ Date _____