



**CONFIDENTIAL BEQUEST INTENTION FORM**

Notifying us of your intention to make a bequest qualifies you for membership in Indian Hill’s Encore Society.

**NAME(S)\*:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

In order to support the mission of Indian Hill Music, my/our estate plan provides for the organization as follows: (Please check all that apply)

\_\_\_ There is a bequest in my/our will or trust to benefit Indian Hill Music. It includes:  
    \_\_\_ a specific dollar amount  
    \_\_\_ a percentage of my/our estate  
    \_\_\_ the residue of my/our estate

\_\_\_ Indian Hill Music is a/the beneficiary of my IRA or other retirement plan.

\_\_\_ Indian Hill Music is the beneficiary of  
    \_\_\_ a Charitable Gift Annuity  
    \_\_\_ a Charitable Remainder Trust  
    \_\_\_ Other

This gift is to be used for:

\_\_\_ Unrestricted (used where needed most)  
\_\_\_ Specific program or scholarship named here (for example, music school, orchestra, outreach)

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**\*Because estate planning is a highly personal matter, only those who give permission will have their names published as members of the Encore Society.\***

\_\_\_ I/We would like others to be encouraged by my/our example. I/We hereby give permission for my/our name(s) to be published.

\_\_\_ I/We also would be interested in sharing my/our story with the Indian Hill community.

\_\_\_ I/We would like to remain anonymous and prefer that my/our name(s) not be published.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Return to: Catherine Coleman, Indian Hill Music, P.O. Box 1484, Littleton, MA 01460**