



975 Imperial Golf Course Blvd, Suite 108, Naples, FL 34110
239-263-9200 * donor@hmcec.org * Tax ID: 59-3740883

Declaration of Bequest Intention

By completing this form you signify your intention to name the Holocaust Museum & Cohen Education Center (“Museum”) as a beneficiary of your estate and your wish to become a member of the Museum’s Legacy Society, which honors those who have made legacy gifts to the Museum. The Museum understands that all bequest provisions are revocable and that any intentions stated hereon are not binding on you nor your estate. We are deeply grateful for your vision and generosity.

I have named the Museum as a beneficiary of: (Check all that apply)

- Will
- Revocable Living Trust
- Charitable Trust
- Retirement Account
- Life Insurance Policy
- Donor-Advised Fund
- Other (please specify) _____

It is recommended a copy of this document be placed with your financial records.

My provision designates the Museum as:

- Primary Beneficiary
- Secondary Beneficiary
- Contingent Beneficiary

The estimated total value of my gift to the Museum through my estate will approximate \$_____. When my gift is received, I desire the Museum use my gift for the following purpose:

- General Purposes
- Other (please specify) _____

I understand that my commitment to provide the Museum a legacy gift entitles me to enrollment in the Museum’s Legacy Society, and special recognition during events and in Museum publications as indicated below:

- Yes, you may publish my name as a member of the Museum’s Legacy Society.
- I am pleased to become a member of the Museum’s Legacy Society but wish to remain anonymous and request my name not be published in connection with my bequest intention.

Signature

Printed Name

Date