



PLANNED GIVING CONTRIBUTION FORM

Please complete and return this form to:

Katonah Museum of Art
134 Jay Street
Katonah, NY 10536
Attn: Alexis Ferguson DiMarco

I/We have included the Katonah Museum of Art in my/our estate plans in the following manner:

- ◇ Bequest in my will or revocable living trust
- ◇ Life Insurance Policy, designating the KMA as a beneficiary
- ◇ Retirement Plan, designating the KMA as a beneficiary
- ◇ Other (please specify) _____

DONOR INFORMATION

Name(s) _____

(If you wish to be recognized, your name(s) will be listed as written here)

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

- ◇ I/We wish to be recognized as Legacy Circle member(s)
- ◇ I/We prefer to remain anonymous

Name _____

Signature _____

Date _____

KMA Federal Tax ID: 13-6161548

Should you have questions or require additional information, please contact Alexis Ferguson DiMarco, Director of Development, at 914.767.2971 or adimarco@katonahmuseum.org. All inquiries are confidential and without obligation.