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.