## MARY S. ANTHONY LEGACY SOCIETY

## Planned Gift Pledge Form

In support of the National Susan B. Anthony Museum & House, I/we intend to provide a gift through my/our estate as detailed below.

Name		Date of Birth	Spouse/Partner	Da	te of Birth
Mailing Address			Phone (personal)		
City	State	Zip Code	Phone (business)		
Email			Name/Phone/E-mail of Professional Advisor(s)		
		T	PE OF GIFT		
It is my/our intent to prov	ide a legacy to the I	National Susan B. Anth	ony Museum & House through my	/our	
Will	Retirement Pla	in Assets	Charitable Remainder Trust	Life Insurance Policy	Other
Please note our legal nam	e for official docum	ent: Susan B. Anthony	House DBA National Susan B. Ant	hony Museum & House (FEIN	23-7098699).
		DESC	RIPTION OF GIFT		
Please describe the nature	e of your gift (for ex	ample: percentage of es	state, specific dollar amount, descri	ption of specific property, etc.)	
bequest at any time, at my Please list my/our gift as f			and John A. Doe):		
		PUR	POSE OF GIFT		
Area of greatest	need	This gift is to be us	sed for the following purpose or pro	ogram:	
future financial support ar or any individual. A copy of the pr The Anthony M My/our name m	nd gift expectancies ovision is attached useum may annour nay be identified wit	. This information is co or will be sent when it i	zift as a way of encouraging others	purposes only and not binding	on your estate
Signature of Donor		Date	CEO, National Susan B. An Thank you for your support of National Susan B. Anthony 17 Madison Street, Rochesto Phane 595 270 2700	and commitment. Mail to: Museum & House er NY 14608	Date
Signature of Donor		Date	Phone: 585.279.7490	Email: CEO@susanb.org	