

CONFI	DENTIAL PLANNED GIV	ING STATEMEN	T OF INTENTIO	ON
Name: _		Birth Date:		
Spouse:		Birth Date:		
	Address:			
	City:		State:	Zip:
	Phone: (H)	(W)	(C)	
	Email:			
	Spouse Phone: (H)	(W)	(0	C)
	Email:			
DESCRI	PTION OF GIFT			
I/We have 1	made provisions for HBMS as follo	ows - please check appro	opriate statement(s):	
	outright bequest payable upon provision in will of surviving a charitable trust with trustee beneficiary of a life insurance beneficiary of a retirement according to ther	spouse payable to HBMS other than HBMS policy count	S at death	

PURPOSE OF GIFT I/We would like HBMS to use this gift for the following purpose: an unrestricted gift to be used by HBMS at its discretion to create the greatest impact in our community by supporting the most compelling needs and opportunities an unrestricted gift to the Heritage Fund for HBMS an unrestricted gift to the Burnside Founders Fund for Burnside Plantation an unrestricted gift to the Historic Bethlehem Endowment Fund for Historic Bethlehem (Goundie House, Visitor Center, Colonial Industrial Quarter) an unrestricted gift to the Kemerer Fund for the Kemerer Museum of Decorative Arts an unrestricted gift to the Preservation Fund for the Moravian Museum of Bethlehem I/We would like our gift to be added to the following existing fund(s) or used for the following purpose: I/We would like to establish a new endowment fund knowing that the threshold for a new fund is \$100,000. I/We will work with HBMS to create a memorandum of understanding to cover the details of this gift. Please provide the exact wording as stated in your will or trust agreement: RECOGNITION Historic Bethlehem Museums & Sites appreciates the opportunity to acknowledge your commitment to the community by publicly recognizing your contribution. If you prefer to remain anonymous, however, we will respect your wishes. I/We permit Historic Bethlehem Museums & Sites to use my/our name(s) in printed lists of the Heritage Society which may appear in the annual report, web site and/or other publications of Historic Bethlehem Museums & Sites. _ I/We prefer to remain anonymous during my/our lifetime(s). You may recognize my/our gift after you receive it. I/We prefer to remain anonymous during and after my/our lifetime(s). For couples, HBMS is happy to list you either separately or as a couple, depending on your preference. If you would like to be recognized as a couple, please complete this form accordingly. If you are making separate planned gifts and prefer to be listed

individually in all documents and/or publications, please submit separate forms, one in each name.

Your signature: Date: Spouse's Signature:

Thank you for your commitment to HBMS and our community. If you have any questions, please contact: LoriAnn Wukitsch, 610.882.0450 ext. 16, lwukitsch@historicbethlehem.org Cari Maslow, 610.882.0450 ext. 11, cmaslow@historicbethlehem.org



Historic Bethlehem Museums & Sites, Inc. is a 501(c)3 organization. The official registration and financial information of Historic Bethlehem Museums & Sites, Inc. may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement. Your contribution is tax deductible to the fullest extent of the law.