

Tell Us About Your Gift



Thank you for your generous bequest commitment to The Trustees of Reservations.

The Trustees is conscious of our responsibility to our future generations to continue protecting and preserving properties with exceptional scenic, historic, and ecological value in Massachusetts. *Planned gifts are critical to help ensure these most exceptional landscapes and landmarks are open and available to everyone, forever.*

Please take the time to fill out this form so we can better understand your intentions for your gift. The information you provide is not legally binding, and we understand that you may wish to change your gift in the future.

QUESTIONS? Contact our Development Office at **978-870-1219** or email **mylegacy@thetrustees.org**.

Name(s) _____
Date(s) of Birth _____
Address _____
Phone _____ Email _____

You will receive occasional email updates from The Trustees. We will not sell, rent, or exchange your email address.

ABOUT YOUR GIFT

If you are willing to disclose more information about your gift, please check all that apply and estimate the value of each gift in today's dollars.

- | | |
|--|---|
| <input type="checkbox"/> Will \$ _____ | <input type="checkbox"/> Insurance Policy \$ _____ |
| <input type="checkbox"/> Revocable Living Trust \$ _____ | <input type="checkbox"/> Real Estate/Land \$ _____ |
| <input type="checkbox"/> Charitable Remainder Trust \$ _____ | <input type="checkbox"/> Retirement Plan/IRA \$ _____ |
| <input type="checkbox"/> Other asset(s) \$ _____ | <input type="checkbox"/> Donor Advised Fund/Foundation \$ _____ |

You can indicate that your gift be used for The Trustees' general efforts or for a specific area or program that matters to you (such as a particular property).

Would you like your gift to be used for a specific purpose? Yes No

If you checked yes, please tell us how to direct your gift _____

The Trustees uses charitable gifts to support its general efforts unless otherwise specified by the donor.

How would you like to be recognized for your gift?

- I/We would like to be listed as (a) Semper Virens Society member(s), which may include listing my/our gift within a dollar range. Please list my/our name(s) as _____
- I/We prefer that my/our gift not be listed within a dollar range, but you may list my/our name(s) as (a) Semper Virens Society member(s). Please list my/our name(s) as _____
- I/We wish to remain anonymous for this gift.

Signature(s) _____ Date _____

PLEASE RETURN THIS FORM TO:

**The Trustees of Reservations, Planned Giving
200 High Street, 4th Floor, Boston, MA 02110**

OR EMAIL TO: mylegacy@thetrustees.org

