

It is my/our desire to inform the Washington Pavilion that a provision in my/our estate and/or financial plans has been made for the future benefit of the Washington Pavilion. This is not considered to be a legal pledge nor obligation and all information will be treated confidentially.

Name:			Date of Birth:	/	_/
Spouse Name (if applicable):			_ Date of Birth:	/	_/
Type Of Gift					
I/We have provided a gift to the Washington Par Will/Living Trust Life Insurance* Name of Company/Financial Institution/IRA Cus	Retirement Plan*	Financial Account*	Charitable Trus	st	
Gift Options					
Percentage of Will/Estate Specific dollar amount Specific asset(s) or property If realized today, I/we estimate the value of this gift to be \$					
Gift Purpose					
Unrestricted					
Designated for the following purpose(s):					
Donor Listing					
The Washington Pavilion honors individuals who make a planned gift through The Legacy Giving Program. This program exemplifies the importance of such gifts and expresses appreciation to those who provide for the future of the Washington Pavilion.					
☐ I/We would be pleased to be listed as member(s) of the Washington Pavilion's Legacy Giving Program in publications to serve as encouragement for others to give.					
My/Our name should be listed as follows:					
☐ I/We would prefer to be listed anonymously.					
Signature:	_ Date:	Signature:	[)ate:	

Thank you for your generous and vital support of the Washington Pavilion.

Return this confidential response to: Attn: Development Office, Washington Pavilion, 301 South Main Ave. Sioux Falls, SD 57104.

As with any decision involving your assets, please seek the advice of a professional when considering a gift. Your signature verifies that the information provided above is accurate as of this date and does not represent a legal or binding commitment to the Washington Pavilion. Washington Pavilion is a qualifying 501(c) (3) nonprofit organization. Contributions are deductible as allowed by law. Tax ID #46-0435791