NEWFIELDS

Newfields Legacy Circle

Donor information

PRIMARY DONOR

Name _____ Date of birth _____

Address _____

Phone number _____ Email _____

SECONDARY DONOR

Name _____ Date of birth _____

Address _____

Phone number _____ Email _____

Relationship with Newfields

- ☐ Board of Trustees
- ☐ Board of Governors
- ☐ Committee Member
- ☐ Docent
- ☐ Volunteer
- ☐ Newfields Society/Patron Society
- ☐ Basic Member
- ☐ Staff

Gift information

I/we have a provision for Newfields in my/our estate plan as follows:

- ☐ Bequest
- ☐ Charitable Gift Annuity
- ☐ Charitable Remainder Trust
- ☐ Charitable Lead Trust
- ☐ Charitable Remainder Unitrust
- ☐ Gift of Residence or Farm of Retained Life Estate
- ☐ IRA/Retirement Plan Beneficiary
- ☐ Life Insurance Policy Beneficiary
- ☐ Gift(s) of Art (please describe) _____
- ☐ Other (please describe) _____

Please indicate the approximate current market value of the planned gift(s): $ _____
(This is optional information and will not be published)

If your gift to Newfields is for other than Newfields' general purposes, please describe any restrictions below. If there is not enough room below, enclosing with this form a copy of the section of your will, trust agreement, or other document containing the provision(s) helps document your gift commitment and assists with the ultimate fulfillment of your wishes. In the event of unforeseen circumstances that require any change in the above estate planning provision(s), I agree to notify Newfields of such change.

- ○ I/we wish to be recognized as: _____
- ○ I/we wish to remain an anonymous member of the Legacy Circle.

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Other Contact Information

Name of attorney or financial advisor

Address

Phone Email

Name of executor of estate or family members

Address

Phone Email

Signature

Print Date

Signature

Print Date

Please return form to: Newfields, 4000 Michigan Road, Indianapolis, IN 46208

Rev. 8/26 (reformatted)