NEWFIELDS
A PLACE FOR NATURE & THE ARTS

Newfields Legacy Circle

NAME(S)

ADDRESS

TELEPHONE **EMAIL**

DATE OF BIRTH **DATE OF BIRTH**

RELATIONSHIP WITH NEWFIELDS

- ☐ **Board of Governors**
- ☐ **Committee Member**
- ☐ **Affiliate Group Member**
- ☐ **Docent**
- ☐ Newfields Society/ Patron Society
- ☐ **Basic Member**
- ☐ **Staff**
- ☐ **Volunteer**

GIFT INFORMATION

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

- ☐ **Bequest**
- ☐ **Charitable Gift Annuity**
- ☐ **Charitable Remainder Annuity Trust**
- ☐ **Charitable Lead Trust**
- ☐ **Charitable Remainder Unitrust**
- ☐ **Gift(s) of Art *(please describe)***

- ☐ **Gift of Residence of Farm of Retained Life Estate**
- ☐ **IRA/Retirement Plan Beneficiary**
- ☐ **Life Insurance Policy Beneficiary**
- ☐ **Other *(please describe)***

Please indicate the approximate current market value of the planned gift(s):

$ _____ ***(Optional information and will not be published)***

If your gift to Newfields is for other than Newfields' general purposes, please describe any restrictions on the back of 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 listed as: _____
- ☐ I/we wish to remain an anonymous member of the Legacy Circle.

OTHER CONTACT INFORMATION

NAME OF ATTORNEY OR FINANCIAL ADVISOR

ADDRESS

PHONE **EMAIL**

NAME OF EXECUTOR OF ESTATE OR FAMILY MEMBERS

ADDRESS

PHONE

EMAIL

SIGNATURES

DATE

PLEASE RETURN FORM TO:

Tim Ardillo

Newfields
4000 Michigan Road
Indianapolis, Indiana 46208