



NOTICE OF INTENT FORM

COMPLETE FORM AND SEND TO:

Academy Center of the Arts
Attn: Development Office
600 Main Street
Lynchburg, VA 24504

ACOA PLANNED GIVING: CONFIDENTIAL NOTICE OF INTENT FORM

Planned gifts are those you arrange during your lifetime with the benefit to the Academy Center of the Arts deferred to a future date.

For more information visit academycenter.org/legacy-giving

Donor Name: _____

DOB: _____

Spouse Name: _____

DOB: _____

CONTACT INFORMATION:

Mailing Address:

Address _____ City _____ State _____ Zip _____

Email: _____ Phone: _____

ADVISOR INFORMATION (such as your lawyer, accountant, financial planner, etc.):

Name: _____ Phone: _____

PLANNED GIFT DETAILS:

It is my/our intent to provide a legacy gift through My/Our (check all that apply):

_____ Will Bequest (describe below)

_____ IRA Charitable Rollover

_____ Bank account

_____ Retained Life Estate

_____ Other asset

_____ Beneficiary Designation:

_____ Retirement Account

_____ Annuity

_____ Life Insurance Policy

Describe the nature of your planned gift and any important details



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I/We have included the Academy Center of the Arts in my/our will or living trust for a:

_____ Percentage _____ Specific amount _____ Residuary amount

Please direct my/our planned gift to support:

_____ Academy Center of the Arts Annual Fund (unrestricted purposes)

_____ Facilities Investment Fund _____ John Morton Flippin Fund _____ Cultural Impact Fund

Optional:

The anticipated value of my/our gift is/will be approximately \$ _____ or _____ % of my/our estate

RECOGNITION OF GIFT

The 1905 Legacy Society recognizes our planned gift donors Members publicly; tell us if you wish to be recognized as a 1905 Legacy Society Member:

_____ Yes, I want to be recognized as a 1905 Legacy Society Member and you may include me/us in listings of planned gift donors (Your intended gift amount will not be published). Recognize My/Our name(s) as: _____

_____ No, please do not include me/us in listings

Documentation of Gift

_____ A copy of the provision is attached _____ A copy of the provision will be sent once executed

_____ I/We prefer to reveal My/Our plans at a later date

SIGNATURES

X _____ Date _____

X _____ Date _____

Questions? Contact Sarah Proctor, Chief Advancement Officer, at sproctor@academycenter.org

Academy Center of the Arts EIN number is 23-7061145