

## The gift of a lifetime in your lifetime.

<ul> <li>□ I am considering a provision in my will for The Webb Schools or the Alf Museum. Please send me more information.</li> <li>□ I would like to confirm I have made a planned gift for The Webb Schools.</li> <li>□ I would like to confirm I have made a planned gift for the Alf Museum.</li> </ul>			
GIFT PLAN INFORMATION:			
Name(s):		Class:	
Address:			
Birth Date(s):			
Email Address(es):			
Please describe your deferred gift (and/o	or attach a copy of documentation):		
☐ Will ☐ Revocable "Living" Trust	☐ IRA or Other Retirement Account	☐ Donor Advised Fund	
☐ Charitable Remainder Trust	☐ Life Insurance Policy	☐ Other:	
	t your gift to support areas that speak to		
This estimate will allow us to ensure that	ovide an estimate of the current value of yo The Webb Schools/the Alf Museum will b ntial unless otherwise agreed for recognit	e able to use your gift as yo	
Estimate:			
May we include your name(s) in periodic	publications and lists of The Thompson a	nd Vivian Webb Society?	
$\square$ Yes, you may print my/our name(s) in $\square$	The Thompson and Vivian Webb Society	publications.	
$\square$ No, I/we ask to remain anonymous.			
Signature	 Signature		Date

## This document does not bind you or your estate.

By signing this form, you are simply acknowledging your current plans to benefit The Webb Schools/the Alf Museum in the future and giving us guidance as to your wishes. The Webb Schools/the Alf Museum recognizes that gift plans may change over time, and we hope you will consider notifying us of any relevant changes in your plans. We very much appreciate your expression of support. Please return your completed form to: Danielle Gordon, director of development at **dgordon@webb.org** or at the address below.