THE WEBB SCHOOLS

THE GIFT OF A LIFETIME IN YOUR LIFETIME.

- ☐ **I am considering a provision in my will for The Webb Schools or the Alf Museum. Please send me more information.**
- ☐ **I would like to confirm I have made a planned gift for The Webb Schools.**
- ☐ **I would like to confirm I have made a planned gift for the Alf Museum.**

GIFT PLAN INFORMATION:

Name(s): _____ Class: _____

Address: _____

Birth Date(s): _____

Email Address(es): _____

Please describe your deferred gift (and/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: _____

How would you like to allocate your gift? Unrestricted gifts are used by Webb and the Alf Museum to address its most pressing needs at the time of receipt. You may also direct your gift to support areas that speak to your own passions and experience.

_____

_____

_____

If you are comfortable doing so, please provide an estimate of the current value of your deferred gift to The Webb Schools/the Alf Museum. This estimate will allow us to ensure that The Webb Schools/the Alf Museum will be able to use your gift as you have specified above. All such information will be kept confidential unless otherwise agreed for recognition purposes.

Estimate: _____

May we include your name(s) in periodic publications and lists of The Thompson and Vivian Webb Society?

☐ Yes, you may print my/our name(s) in The Thompson and Vivian Webb Society publications.

☐ 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: Kimberly Grant at **kgrant@webb.org** or at the address below.

WWW.WEBB.ORG PH (909) 626-3587 FAX 909-621-4582 1175 W. BASELINE ROAD, CLAREMONT, CA 91711-2199