

## 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.

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Name(s):			Class:
Address:_			
Birth Dat	e(s):		
Email Add	dress(es):		
Please de	escribe your deferred gift (an	d/or attach a copy of documentation):	
Will	Revocable "Living" Trust	IRA or Other Retirement Account	Donor Advised Fund
Chari	table Remainder Trust	Life Insurance Policy	Other:
		irect your gift to support areas that speak to	· · · · · · · · · · · · · · · · · · ·
Alf Museur	n. This estimate will allow us to e	ide an estimate of the current value of your d nsure that The Webb Schools/the Alf Museur rill be kept confidential unless otherwise agre	n will be able to use your gift as you
Estimate:	:		
May we in	nclude your name(s) in perio	dic publications and lists of The Thom	pson and Vivian Webb Society?
Yes, y	you may print my/our name(	s) in The Thompson and Vivian Webb S	Society publications.
No, I,	/we ask to remain anonymou	IS.	
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: Bob Fass at **bfass@webb.org** or at the address below.