

THE PROVIDENCE ATHENÆUM PLANNED GIVING DECLARATION OF INTENT

Thank you for your intention to include the Providence Athenæum in your estate plan. So we may record and recognize your intention, please complete this form with as much detail as you are willing to share. Although we do not require you to disclose the details or amount of your estate gift, it is helpful for the Providence Athenæum's long-term planning purposes. Any information about your planned gift will remain confidential. Submitting this form does not create a binding legal or financial obligation, and simply notifies the Providence Athenæum of your intention to make a planned gift. We realize that your circumstances may change, and that you may choose to adjust your plans at any time.

Donor Name:		Birth Date:
Donor Name:		Birth Date:
Address:		
City:	State:	Zip:
Home phone:	Business phone:	
Email(s):		

GIFT RECOGNITION

The Providence Athenæum would like to acknowledge planned giving intentions by recognizing Athena Society members in publications including its Annual Report and on its website. No information other than donor names is provided.

- □ Yes, you may include my/our name(s) in public listings of Athena Society members. I/We would like to be listed as follows: ______
- □ No, I/we wish to remain anonymous.

TYPE OF GIFT

As an expression of my/our commitment to the Providence Athenæum, I/we have included the library in my/our estate plan through the following provision(s):

- □ Will
- □ Living Trust
- □ Life Insurance
- □ Retirement Plan

- □ Charitable Gift Annuity
- □ Charitable Remainder Trust
- □ Charitable Lead Trust
- □ Other (please specify): _____

DESCRIPTION OF GIFT

Please describe the nature of your gift to the Providence Athenæum (for example, percentage of estate, specific dollar value, description of property, etc.):

I estimate the current value of this provision in my estate plan to be \$_____

□ This is a contingent gift (the Providence Athenæum is an alternate beneficiary, and will only receive the gift under certain circumstances.) Please explain conditions:

PURPOSE OF GIFT

This gift is to be used for:

- □ The priority needs of the Providence Athenæum, and is an unrestricted gift.
- □ The Providence Athenæum's endowment.
- \Box Other:

We would appreciate you discussing your wishes with Athenæum staff prior to providing instructions here, to ensure that your request can be fulfilled.

PROFESSIONAL ADVISOR INFORMATION

I/We worked with the following attorney/estate planner/advisor/administrator to establish plans for this gift:

Name:	
Profession/Title:	
Company:	
Address:	
Phone:	
Email:	
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Donor (Printed Name):	
Donor Signature:	Date:
Donor (Printed Name):	
Donor Signature:	Date:
Please return this confidential form, preferably along with a references the planned gift, to: The Providence Athenæum Attn: Matt Burriesci, Executive Director 251 Benefit Street Providence, RI 02903 Please contact Matt at 401-421-6970 x11 or matt@provath.or	