



amherstcinema Planned Gift Notification Form

Name _____ Birthdate _____

Name #2 _____ Birthdate _____

Street address _____ Apt # _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

I/we have named Amherst Cinema as a beneficiary of my/our:

- Will
- Life Insurance Policy
- Living Trust
- Retirement Assets
- Charitable Remainder Trust
- Other _____

My/our planned gift is:

- Unrestricted to provide maximum flexibility for Amherst Cinema to advance its mission
- Restricted for the following (please consult with Amherst Cinema if you are considering a restricted gift to ensure that the proposed restriction can be honored):

My/our gift's approximate dollar amount or percentage is (optional, but helps Amherst Cinema more accurately plan for the future):

- I/we give permission to recognize my/our gift in Amherst Cinema Theatre publications. (Allowing your name to be listed can inspire others to provide Amherst Cinema with a future gift.) The name on any listing should read as follows:

- I/we wish to remain anonymous.

Thank you for sharing with us the details regarding your long-term financial plans. Information disclosed will be kept strictly confidential. This is not a legally binding document but assists Amherst Cinema in planning for the future.

Signature _____ Date _____

Signature #2 _____ Date _____

Please return completed form to: Amherst Cinema | 28 Amity Street | Amherst, MA 01002

For more information, please email info@amherstcinema.org