



♣ 935 Gravier St, Suite 1940 ♣ New Orleans, LA 70112 ♣ (504) 267-9532 ♣ FAX (504) 529-7668 ♣

LEGACY SOCIETY

As evidence of my/our desire to provide a legacy of support to New Orleans Opera Association, I/we hereby inform you that I/we have made a provision for a gift in my/our estate plans (in an amount greater than \$10,000).

It is my/our intent to leave a legacy gift to New Orleans Opera Association through my/our:

- Will Retirement Plan Assets Charitable Remainder Trust Charitable Lead Trust
 Living Trust Life Insurance Policy Endowed Fund Other _____

CHOOSE:

_____ My/our gift in support of New Orleans Opera Association is **unrestricted**.

_____ My/our gift in support of New Orleans Opera Association is **restricted** to the following:

CHOOSE:

_____ I agree to have my/our name(s) published on lists of Legacy Society donors as a motivation for others to leave a future gift to benefit New Orleans Opera Association and would like my/our name(s) to be printed as follows:

(Note: The amount of your gift will not be published and will remain confidential.)

_____ I agree to have our Legacy Society membership recognized in print as "Anonymous."

CHOOSE:

_____ I/we wish to inform you for long-term purposes only that, as of this date, the value of my/our gift is \$_____. *(If your gift is a percentage of your estate, please indicate the approximate value of that percentage.)*

_____ I/we do not wish to provide an exact value of my/our gift, but indicate that my/our gift is equal to or (greater than the minimum value of \$10,000) to be listed as a member of the Legacy Society.

I/we understand that New Orleans Opera Association requests notification any time I/we make changes or adjustments to my/our gift.

Signature

Date