

Deferred Gift Notification
CONFIDENTIAL
The Robert W. Wilson Challenge

DONOR I (please print) _____

Donor II (please print) _____

Address _____

City _____ ST _____ Zip _____

Telephone: _____ Email: _____

In order to support the mission of the National Trust for Historic Preservation with a legacy gift, the donor(s) hereby confirm the inclusion of a planned gift for the National Trust. The donor(s) acknowledge that this Form will be relied on by the National Trust and by Robert W. Wilson Charitable Trust as a match for the Robert W. Wilson Challenge, and that the gift is not subject to any contingencies that would prevent a completed gift to the National Trust.

This gift will be in the form of _____ (e.g. a will, living trust, charitable remainder trust, etc.).

This legacy gift is:

A fixed amount of \$ _____; or

A specific property that will have an approximate value of \$ _____ or;

A percentage of my/our estate that will have an approximate value of \$ _____

Donor(s) agree to execute and keep in effect a valid provision in an appropriate legal document to ensure such gift to the National Trust.

The date of the legal document is _____. **(Please attach relevant pages of the will, trust, or other document).**

Donor(s) may be listed as member(s) of the Legacy Circle in the *Annual Report*?

Yes No List as Anonymous

DONOR I Signature

_____ Date _____

DONOR II Signature (if applicable)

_____ Date _____