



# 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 | Rachel Hart | 28 Amity Street | Amherst, MA 01002**

For more information, please contact Rachel Hart, Outreach Manager, at (413) 253-2547 x7 or [rhart@amherstcinema.org](mailto:rhart@amherstcinema.org)