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## ROCKFORD SYMPHONY ORCHESTRA FOUNDATION ENCORE SOCIETY

The Rockford Symphony Orchestra Foundation's Encore Society recognizes individuals and families who have placed the Rockford Symphony Orchestra in their estate plans. Membership is by written confirmation of your deferred gift arrangements. By joining, you ensure a strong and lasting future for the Rockford Symphony Orchestra.

Please check the appropriate lines below:

- Yes, I/we wish to become a member of the Encore Society.
- We have included the Rockford Symphony Orchestra Foundation in my/our Will \_\_\_ or Living Trust \_\_\_ as follows:
- As a recipient of a designated percentage of my/our estate.
- As a recipient of a specific amount of my/our estate.
- As a recipient of the residue of my/our estate.
- I/we have created a legal charitable trust with the RSOF.
- I/we have provided a gift of property to the RSOF.
- I/we have named the RSOF as beneficiary of an insurance policy.
- I/we have named the RSOF as beneficiary of retirement plan assets.
- Estimated value of my/our gift if it were activated today: \$\_\_\_\_\_.

*Because I/we have provided for the Rockford Symphony Orchestra through one of the methods checked above, I/we understand that I/we qualify for membership in the Rockford Symphony Orchestra Foundation Encore Society.*

**I/we accept membership in the Rockford Symphony Orchestra Foundation Encore Society and grant the Foundation permission to publish my/our name with the list of Encore Society members.**

Please send me/us information about:

- Establishing a named endowment with the RSOF.
- Life-long "income arrangements" by which I/we can receive income.
- Giving my/our residence or farm to the RSOF with a life estate reserve.

Name (signed) \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> Name (signed) \_\_\_\_\_ Date \_\_\_\_\_

*Please print the following*

Name(s) \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check one:  public acknowledgement approved  
 anonymity requested

*The following professional advisor(s) has been notified of this gift:*

Name(s) \_\_\_\_\_ Telephone \_\_\_\_\_

Company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_