CONFIDENTIAL ESTATE GIFT INFORMATION
An expression of your commitment to
National Association of Teachers of Singing (NATS), Inc.

NAME(S)_____

DATE(S) OF BIRTH
_____

ADDRESS_____

CITY_____STATE_____ZIP_____

EMAIL_____CELL: _____HOME: _____

ESTATE INFORMATION

My/our will and/or other estate planning
documents, which include a provision for NATS, Inc.:

TYPE OF ESTATE GIFT (CHECK ANY THAT APPLY)

_____Specific Amount
_____Percent of estate (_____%)
_____Percent of remainder trust (_____%)
_____Remainder of estate

_____**Beneficiary of:**
____IRA or other retirement account
____Life insurance
____Living trust
____Other (describe)_____

TO HELP US PLAN FOR THE FUTURE:

The approximate value of my/our estate gift, based on today's value, is

$_____

Any special purpose/designation of gift?

_____

_____

Attorney/CPA/financial advisor: _____

RECOGNITION PREFERENCE

_____ Please include my/our name(s), without disclosure of the amount, as Encore! Society member(s).

I/we would like my/our name(s) to be recorded as:

___I/we prefer this gift remains anonymous.

_____ Date _____
SIGNATURE

_____ Date _____
SIGNATURE
