



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 : _____ OFFICE: _____

ESTATE INFORMATION

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

_____ NATS, Inc.

Executed on ____/____/____

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 NATS 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 Legacy Society member(s). I/we would like my/our name to be recorded as follows:

_____ Or, I/we prefer this gift remains anonymous.

SIGNATURE _____ Date ____/____/____

SIGNATURE _____ Date ____/____/____