MAX & SOPHIE ADLER SOCIETY
DECLARATION OF INTENT
AN EXPRESSION OF SUPPORT FOR THE ADLER PLANETARIUM

I/We have provisions for the Adler Planetarium in my estate plan as follows:

Type of Gift Provision:	**Current Estimated Amount:**
☐ Specific asset, property, item, etc. in a will or trust	$_____
☐ Provision in my will/trust of ___% of the remainder of my estate	$_____
☐ Beneficiary of (please choose below) with the amount of:	$_____
☐ Retirement account	
☐ Insurance policy	
☐ Annuity policy	
☐ Donor advised fund	
☐ Other _____	$_____

If your gift is to benefit a specific program, department, or other purposes within the Adler Planetarium, please specify below:

_____

Donor Information

Donor Name:_____ **Date of Birth:**_____

☐ This gift is in my estate plans only

Donor Name:_____ **Date of Birth:**_____

☐ This gift is in both my and my spouse's estate plans

_____ _____ **Date:**_____

Your signature(s)

To celebrate your gift and encourage others to do the same, we welcome you to join the **Max and Sophie Adler Society.** With your permission, we will list your names on the Adler Planetarium website, among other members who have done the same. Gift amounts are kept confidential and are not publicly disclosed.

☐ YES, I (we) would like to join the **Max and Sophie Adler Society**
How would you like your name(s) listed?

_____

☐ YES, I (we) would like to join the **Max and Sophie Adler Society** but remain anonymous. Please do not include my/our name(s) in any publications.

☐ No, I (we) would not like to join the Max and Sophie Adler Society at this time.

☐ We are already members of the Max and Sophie Adler Society

Important Gift Information

Our Tax ID Number: 36-6210902
Our Mailing Address: The Adler Planetarium
1300 S. DuSable Lake Shore Dr.
Chicago, IL 60605

Sample Bequest Language:

"I give to the Adler Planetarium (FEIN 36-6210902), a non-profit, charitable educational corporation in Chicago, Illinois the sum of $_____ or _____ percent of my estate, or all the rest, remainder and residue of my estate."

Optional Information

For Estate Gifts, please list a Point of Contact and/or an Executor:
Name: _____

Address: _____

_____

_____

Phone: _____

Email: _____

A copy of this section in your will/trust is appreciated, but not required.

For Beneficiary Designations:
Financial Institution: _____

Type of Account: _____

Account Number(s): _____

Date Added: _____ ☐ Not Yet

A copy of this section in your will/trust is appreciated, but not required.

Did you know? Financial institutions are not required to notify charitable beneficiaries after the passing of an account holder? If you have made these arrangements, please keep us informed. This way, we can ensure your gift is used as intended.