CONFIRMATION OF YOUR LEGACY GIFT

This form is to help you provide information about your bequest to Skowhegan School of Painting & Sculpture. By sharing this information, you can help ensure that your bequest will be used in accordance with your wishes. This form does not bind you or your estate in any way.

Thank you for your thoughtful contribution towards Skowhegan's future.

Address:			
Date(s) of Birth:			
Email Address:			
Will Revocable "L	iving" Trust	Retirement Account	Life Insurance
I/We confirm this is an unrestricte use the gift wherever it is needed		ne general purpose of Skowhegan, and	l permit the school to
I/We confirm that this bequest is	intended for the	e following purpose:	
Scholarship			
Campus Facilities & Groun	nds		
Faculty			
Other			
Please provide an estimate of the curroconfidential. This estimate does not bi	•		mation will be kept
Estimate:			
The Elms: Your planned gift entitles yo alumni and friends who have remember			me listed with other
Yes, I would like to be enro	olled in The Elms		
No, please do not include	me in The Elms		
Signature	 Signature	 Date	
Please return this form via one of the k	pelow options:		
BY EMAIL	BY MAIL		
Katie Sonnenborn	Skowhegan School of Painting & Sculpture		
ksonnenborn@skowheganart.org	136 West 22nd Street, New York, NY 10011		

For further information, please contact Katie Sonnenborn, Co-Director, 1.212.529.0505.



Name(s):