



## Sempre Society Commitment Form

The Kansas City Symphony is delighted to recognize your legacy gift commitment by extending you a membership to join the Sempre Society. To accurately document your gift, please complete all sections of the form below, including your signature on the second page, and return via mail or email. We would appreciate any additional information you can provide about your gift. If possible, please attach a copy of the page(s) from your will, trust, or other document(s) pertaining to your donation to the Symphony.

### **SECTION 1 – DONOR INFORMATION**

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

☐ I/we have already included the Kansas City Symphony in my/our estate plan.

☐ I/we intend to include the Kansas City Symphony in my/our estate plan.

### **DONOR RECOGNITION (please check one of the following)**

☐ I/we wish to be recognized as part of Sempre Society in program books and other Symphony materials. Please acknowledge me/us as\*:

\_\_\_\_\_

\*Would you like to honor a family member with your gift? Add your loved one's name to your recognition above (Example: Shannon Smith, *in loving memory of John Smith*).

☐ I/we prefer to keep this gift anonymous

*Continue to the next section on page 2.*



**SECTION 2 – GIFT INFORMATION (please check all that apply)**

☐ I/we leave the following to the Symphony in my/our will or trust:

- ☐ A specific dollar amount: \$ \_\_\_\_\_
- ☐ A percentage of my/our estate: \_\_\_\_\_% (approximate value: \$ \_\_\_\_\_)
- ☐ Other: \_\_\_\_\_ (approximate value: \$ \_\_\_\_\_)

Name of Executor:

\_\_\_\_\_

Phone & Email of Executor:

\_\_\_\_\_

☐ I/we leave the following to the Symphony as a beneficiary of my/our IRA, other retirement account, investment account, or life insurance policy:

- ☐ A specific dollar amount: \$ \_\_\_\_\_
- ☐ A percentage: \_\_\_\_\_% (approximate value: \$ \_\_\_\_\_)

☐ I/we have other plans benefitting the Symphony. (*please describe your plans below*).

\_\_\_\_\_  
\_\_\_\_\_

☐ My/our gift is unrestricted

☐ I/we wish to discuss designating my/our gift to a specific Symphony fund or purpose.

☐ I/we have attached supporting documentation of my/our estate plans.

**SIGNATURE(S)**

I/We understand that, though this gift may be revocable, it is my/our intent to provide these funds to the Kansas City Symphony.

**Signed/Dated** \_\_\_\_\_

**Signed/Dated** \_\_\_\_\_

**Questions?** Please contact us at (816) 218-2624 or [giving@kcymphony.org](mailto:giving@kcymphony.org).

*The information in this form is strictly confidential and will not be shared without express permission of the signee(s).*