

1220 Fifth Avenue
New York, NY 10029

212.534.1672
mcny.org



The Museum of the City of New York

Gift Intention Form

I/We want to help the Museum of the City of New York continue to explore the people, places, and ideas that shape our city's iconic character. MCNY is home to one of the nation's most comprehensive urban collections, including 750,000 objects spanning history, art, popular culture, and civic life. The Museum captures every facet of NYC, from its earliest days to its ever-evolving present, and shares it with 200,000+ visitors annually. The Legacy Society at the Museum of the City of New York was formed to recognize those individuals who establish and maintain an estate gift for the benefit of MCNY. Please enroll me in the Legacy Society.

Name (s): _____

Date(s) of Birth: _____

Mailing Address: _____

Phone(s): _____

Email(s): _____

I/We have provided for the future of the Museum of the City of New York in the following manner:

- Bequest through Will or Trust Bequest of Retirement (IRA/401K etc.)
 Charitable Remainder Trust Name of Plan Administrator _____
 Other _____

My/Our future gift should be directed as follows:

- Unrestricted and to be used for the area of greatest need Education Programs Exhibitions
 Restricted for specific initiative or program: _____

Please call me to discuss my restriction to ensure it can be accomplished

The provision is stated as:

- Specific dollar amount \$ _____
 Percentage of estate/account % _____ If percentage, estimate of current value \$ _____

Legacy Society Recognition:

- MCNY may include my/our name in Legacy Society listing with the hope that it may inspire others to give. Dollar amounts will not be included.
 I/We are honored to be in the Legacy Society, however prefer to remain anonymous. Please do not include my/our name in Legacy Society listings.

I/We understand that all information provided to the Development Office at the Museum of the City of New York will remain confidential. This form creates no legal obligation, and plans may be changed at my/our discretion.

Donor Signature: _____ **Date:** _____

Donor Signature: _____ **Date:** _____

Thank you for your thoughtful investment in the future of the Museum of the City of New York.

Please return form to:

Development Office

Museum of the City of New York

1220 Fifth Avenue

New York, NY 10029

developmentdept@mcny.org or 917-492-3430