



Transporting Art. Transforming Lives.

### Everlasting Partners Membership Form

**I have made a provision for Artrain in my estate plan as follows.**

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

Address: \_\_\_\_\_

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

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

#### **Recognition**

- I would like to be recognized as a member of The Everlasing Partners Society.
- I wish to remain anonymous.

#### **Type of Provision**

Estimated Amount:

- Outright bequest in will:
  - \_\_\_\_\_ (a) Specific dollar amount \$ \_\_\_\_\_
  - \_\_\_\_\_ (b) Specific property (*please describe*): \$ \_\_\_\_\_
  - \_\_\_\_\_ (c) Share of entire residue of estate(\_\_\_\_\_% ) \$ \_\_\_\_\_
- Conditional bequest or will (*please describe conditions*): \$ \_\_\_\_\_
- Trust under will or to be funded by will (*please describe*)
  - \_\_\_\_\_ (a) Charitable Remainder Trust \$ \_\_\_\_\_
  - \_\_\_\_\_ (b) Charitable Lead Trust \$ \_\_\_\_\_
  - \_\_\_\_\_ (c) Other \$ \_\_\_\_\_
- As beneficiary of a life insurance policy \$ \_\_\_\_\_
- As beneficiary of an IRA, 401k or qualified retirement plan \$ \_\_\_\_\_
- Other (*please describe*) \$ \_\_\_\_\_

If your gift to **Artrain, Inc..** is for other than Artrain’s general purposes, please describe any restrictions on the back of this page. Attachments or letters that further describe the above provision(s) are encouraged. In particular, a copy of the section of your will, trust agreement, or other document containing the provision(s) are appreciated. In the event of unforeseen circumstances that require any further change in the above estate planning provision(s), I agree to notify Artrain of such change.

\_\_\_\_\_  
Signature Date

**Please return this form to:**

Artrain, Attn: Debra Polich  
1100 North Main Street, Suite 106, Ann Arbor, MI 48104  
Telephone: (734)747-8300 / Facsimile: (734)747-9530  
ALL INFORMATION IS STRICTLY CONFIDENTIAL