



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