

The **Arrowmont Legacy Society** was created to recognize individuals who have made plans or provisions for a planned gift to *Arrowmont School of Arts and Crafts*. By designating Arrowmont as a beneficiary, you are ensuring the future of our school and making a difference forever.

To ensure our records accurately reflect your membership in our Legacy Society, please complete the following and return to Arrowmont to document your future gift.

My/our gift to Arrowmont School of Arts ar	nd Crafts is through the following: (please check all that apply)
□ Bequest in my/our will	
☐ Charitable Remainder Trust	
☐ Life Insurance	
☐ Individual Retirement Account (IRA), 403(b), 401(k), Qualified Retirement Plan	
□ Other:	
**If you would like to send a copy of your document	is to be included in your file at Arrowmont, please enclose with this form.
☐ I/we give our permission to be include	ed in the published listing of the Society's membership.
☐ I/we have made a planned gift and wish to remain anonymous.	
Name/s	annear exactly as written - nlease print
Signature:	Date:
Signature:	Date:
Address:	
Addiess.	
Phone:E	mail:
** In an effort to reduce paper/mailing costs, A email. Please indicate if we can contact you th	rrowmont would like to move toward communicating more through rough your email.
□ Yes, I would like to receive o	communication through my email.
□ No, I would prefer to continu	ue to receive communication through the mail.