



Legacy Gift Information Form

Name _____

Address _____

City, State _____ Zip Code _____

Home Phone (with area code) _____

Email _____

I/we would like to be contacted by museum staff about adding the Anchorage Museum to my/our will.

(All inquiries will be kept confidential.)

I/we already have added the Anchorage Museum to my/our will(s):

To the Anchorage Museum Association

To the Anchorage Museum Foundation

% of my/our residual estate The amount of \$ _____

Named the museum as the beneficiary of a life insurance policy or retirement account

Art from my/our collection

Other tangible property listed as:

I/we wish to join the Legacy Society. Please list my/our name(s) as:

I/we wish to remain anonymous.

To learn more, contact Julie Varee by calling (907) 929-9213 or by emailing Julie at jvaree@anchagemuseum.org