

DES MOINES  METRO OPERA

# 50 NEXT

## GIVING VOICE TO THE FUTURE

### Intent to Contribute via Bequest or Estate Gift

In support of the future contribution that Des Moines Metro Opera can make to the cultural life of this and future generations, I/we are pleased to indicate that it is my/our intention to provide a gift as follows:

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_

#### DESCRIPTION OF GIFT (type/value)

\_\_\_\_\_ I/We have named Des Moines Metro Opera Foundation in my/our **will**:

\_\_\_\_\_ Percentage of estate \_\_\_\_\_ Specific Amount \$ \_\_\_\_\_

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_ Irrevocable Gift \_\_\_\_\_ Revocable Gift

\_\_\_\_\_ I/We have named Des Moines Metro Opera Foundation as a **beneficiary** of an IRA and/or retirement plan  
(Please describe) \_\_\_\_\_

\_\_\_\_\_ I/We have named Des Moines Metro Opera Foundation as the owner of a **life insurance policy**

\_\_\_\_\_ I /We have named Des Moines Metro Opera Foundation as the recipient of a **Charitable Trust**

(Select One) \_\_\_\_\_ Charitable Lead Trust \_\_\_\_\_ Charitable Remainder Trust

\_\_\_\_\_ Other (please describe) \_\_\_\_\_

#### DOCUMENTATION or PLAN UPDATE

\_\_\_\_\_ I/We have provided/will provide (*circle one*) Des Moines Metro Opera a copy of that portion of my/our will(s) or other instrument that pertains to Des Moines Metro Opera.

\_\_\_\_\_ This is an update of a previously document gift plan.

**With the understanding that values are subject to change, at this time I/we estimate the value of my/our gift to be approximately \$ \_\_\_\_\_ in today's dollars.**

#### PURPOSE OF FUTURE GIFT

\_\_\_\_\_ This gift is to be unrestricted and may be used where the need is greatest at Des Moines Metro Opera.

\_\_\_\_\_ I/We wish to specify that this gift to be used for the following purpose(s):

\_\_\_\_\_ It is my/our intent that this gift commitment may be made public at a time determined by Des Moines Metro Opera. *Note: It is mutually understood that this agreement does not constitute a binding contract.*

\_\_\_\_\_ It is my/our intent that this gift commitment remains confidential. My/Our donor confidentiality request form is found on the 2<sup>nd</sup> page. *Note: It is mutually understood that this agreement does not constitute a binding contract.*

## DONOR AUTHORIZATION OF GIFT

Donor(s) Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Donor Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Des Moines Metro Opera Staff Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

## IF YOU REQUESTED THAT YOUR GIFT REMAIN CONFIDENTIAL, PLEASE COMPLETE THIS PORTION OF THE FORM

### DONOR CONFIDENTIALITY REQUEST

I/We, \_\_\_\_\_, have made a bequest commitment to Des Moines Metro Opera and hereby request that my/our identity not be disclosed by DMMO to the general public unless law requires disclosure. The organization recognizes and respects my/our desire to not have my/our identity disclosed to the public.

I/We understand that as a result of this request, the only information that DMMO will make available for general public examination is the amount and purpose of my/our bequest commitment(s), and that unless otherwise required by law my/our identity and other personal information will not be disclosed.

I/We understand that I/we may withdraw this request for confidentiality at any time.

### DURATION OF REQUEST

DMMO's policy is that the donor confidential information will be preserved until the donor's death. Unless you requested otherwise, after your death DMMO will consider your name (but NO other personal information) to be public information in connection with the gift(s) which are encompassed by this request. Please indicate below if you prefer instead that confidentiality be preserved after your death.

\_\_\_\_\_ My/Our identity should be kept confidential after my/our death(s).

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

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

*Des Moines Metro Opera, Inc. was founded in 1973 and is one of the nation's premier summer opera festivals as well as one of the most well-respected arts organizations in the state of Iowa. Its mission is to create distinctive theatrical experiences and inspirational learning opportunities for artists and audiences of the 21<sup>st</sup> century. **INSPIRE** diverse audiences through statewide educational programs and unique community collaborations. **ENCOURAGE** established and emerging artists and administrators to produce their best work through a creative, inclusive environment. **CURATE** innovative repertory from four centuries of composition presented at the highest levels of artistic and vocal achievement. **IMPACT** the economic vitality of the Greater Des Moines region through programming that generates national and international tourism.*

Des Moines Metro Opera, Inc.  
Attn: Tim McMillin  
106 West Boston Avenue  
Indianola, IA 50125  
tmcmillin@dmmono.org  
(515) 961-6221 phone

*Des Moines Metro Opera and its employees do not provide tax or legal advice.  
Prospective donors should consult with their legal and financial advisors*