

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 F	Foundation in my/our will :
Percentage of estateSpe	ecific Amount \$
Other (please specify)	
Irrevocable Gift Revocab	le Gift
I/We have named Des Moines Metro Opera F (Please describe)	Foundation as a beneficiary of an IRA and/or retirement plan
I/We have named Des Moines Metro Opera F	oundation as the owner of a life insurance policy
I /We have named Des Moines Metro Opera I	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 (<i>circle one</i>) or other instrument that pertains to Des Mo) Des Moines Metro Opera a copy of that portion of my/ourwill(s) ines Metro Opera.
This is an update of a previously document g	ift plan.
With the understanding that values are subj my/our gift to be approximately \$	ject to change, at this time I/we estimate the value of 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 MetroOpera. 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 2nd 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 requiredby 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 youprefer instead that confidentiality be preserved after your death.

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 oneof 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 21st 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 economicvitality of the Greater Des Moines region through programming that generates national and international tourism.

> Des Moines Metro Opera, Inc. Attn: Michael Egel 106 West Boston Avenue Indianola, IA 50125 megel@dmmo.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