

Legacy Society Confidential Membership Information

About Your Gift

I am pleased to accept membership into the Legacy Society of the Montclair Public Library Foundation. I understand that my membership is based on the following confidential information.

understand that my member	ership is based on the follo	owing confiden	tial information.	
I have included the Montcla	air Public Library Foundati	on in my will or	r living trust for:	
☐ a percentage	☐ a specific amount	ecific amount		
The Montclair Public Library	y Foundation is a beneficia	ary of:		
☐ an insurance policy	☐ my retirement plans	\Box other (explain below)	
acknowledge your generosi portions(s) of the legal docuthat describes your gift, or a	ity, it is helpful for us to re ument(s) in which your gif a description of your plan	ceive any of the tis made, a let ned gift below:	ry out your wishes and so that e following: a copy of the relev ter from your legal or financial	, vant
			ir Public Library Foundation:	_
, ,			•	
☐ area of greatest need		☐ materials	☐ community outreach	
☐ other	-			
The approximate amount o (This is not required. However, I			your goals in our planning.)	

Donor Contact Information

This gift is from	
Name:	
Home Address:	
City/State/Zip:	
Telephone: (day)	Cell:
Email Address:	
Recognition	
Your example may inspire others to give generously	y as well.
☐ I authorize the Montclair Public Library Foundation	on to list my name as a member of the Legacy Society confidential.
Please list my name as:	
☐ I am willing to be featured in a Montclair Public L for the purpose of encouraging others	ibrary Society publication, communication or website
$\hfill \square$ I prefer to remain an anonymous member of the	Legacy Society
Signature	 Date
Signature	Date

Please return this form to:

Montclair Public Library Foundation 50 South Fullerton Avenue Montclair, NJ 07042