

PLANNED GIVING NOTIFICATION FORM

I (We) have included The Phillips (check all that apply):	Collection as a benefici	ary of my/our trust or estat	e plan through		
☐ Will or Trust		l Life Insurance Policy			
☐ Charitable Remainder or Lead	l Trust □	l Percentage or Remainder	of Retirement Fund/I	RA	
☐ Other Item or Asset (for exam	nple, private collections,	real estate, etc.):			
I (We) estimate the current value	of the gift to be:\$				
IT IS MY WISH THAT THE GIFT	ΓBE USED:				
☐ At The Phillips Collection's disc needs and opportunities.	cretion, to create the gr	eatest impact at the museu	ım by supporting its m	ost compelling	
☐ Endowment—to help ensure t	hat The Phillips Collect	ion will be here for the next	generation		
☐ For the following purpose:					
RECOGNITION					
For recognition purposes, please l	ist mv/our name(s) as f	ollows:			
☐ I (we) permit The Phillips Colle	•		onors.		
☐ I (we) prefer to remain anonyn	,			receive it.	
☐ I (we) prefer to remain anonym	0 ,	, 0	, , ,		
DONOR INFORMATION					
NAME		NAME OF SPOUSE (IF APPLICABLE)			
STREET ADDRESS	CITY	ST	TATE	ZIP	
PHONE NUMBER		EMAIL			
DONOR SIGNATURE(S)		DATE			

Thank you for your commitment to The Phillips Collection and your investment in its future. In recognition of your planned gift, we are pleased to invite you to become a member of the museum's legacy giving group—the Eliza Laughlin Society.

If you have any questions, contact Sarah Hyde, Director of Major and Planned Giving: plannedgiving@phillipscollection.org or 202.387.2151 x229

Please return this form with any gift documentation you are comfortable sharing. All documents will be held in confidence and used solely for the records of the Phillips Advancement Office. The Phillips Collection understands that the value of a future gift, as well as the circumstances of the gift, may change at any time. Please notify us of any changes in your estate plans impacting your planned gift.