

# GIFT INTENTION FORM

## PERSONAL INFORMATION

Full Name

Email  Phone

Address

I/we have made a provision to leave a legacy to the Reilly Arts Center/Ocala Symphony Orchestra through my/our:

- WILL  TRUST  LIFE INSURANCE  
 RETIREMENT PLAN ASSETS  CHARITABLE GIFT ANNUITY  OTHER

If you selected "Other" or would like to share the value of your gift, please contact the executive director at [pamela@reillyartscenter.com](mailto:pamela@reillyartscenter.com) or 352-351-1606, ext. 102.

Approximate gift value (not required): \_\_\_\_\_

I would like to use my gift for the following purpose:

- The Reilly Arts Center  
Greatest Need  
(unrestricted)  Ocala Symphony  
Programming and  
Outreach  Capital Funds

Legacy Society Listing (please choose one):

- Please include my name in Legacy Society listings. Neither amount nor designation, if provided, will be included on the listing.

Name(s) should appear as:

- I am honored to be included in your society; however, I prefer to remain anonymous. Please do not include my/our name in your society listings.

By signing this member profile, I reaffirm my commitment to the Reilly Arts Center/Ocala Symphony Orchestra. However, this letter shall not be binding upon my estate, and the information contained herein shall be used for the Reilly Arts Center/Ocala Symphony purposes only.

Signature  Date Signed

Please return this gift intention form to the Reilly Arts Center.  
Email [pamela@reillyartscenter.com](mailto:pamela@reillyartscenter.com) or mail to 500 NE 9th St. Ocala, FL 34471.