



GIFT INTENTION FORM

PERSONAL INFORMATION

Full Name	
Email	Phone
Address	
	ade a provision to leave a legacy to the Reilly Arts Center/Ocala Symphony arough my/our:
WILL	TRUST LIFE INSURANCE
RETIREN	MENT PLAN ASSETS CHARITABLE GIFT ANNUITY OTHER
•	ed "Other" or would like to share the value of your gift, please contact e director at natalie@reillyartscenter.com or 352-351-1606, ext. 102.
Approximate	e gift value (not required):
I would like to	o use my gift for the following purpose:
The Reilly Greatest (unrestric	
Legacy Socie	ety Listing (please choose one):
	nclude my name in Legacy Society listings. Neither amount nor designation, if d, will be included on the listing.
Name(s)	should appear as:
	nored to be included in your society; however, I prefer to remain anonymous. to not include my/our name in your society listings.
Symphony Orch	member profile, I reaffirm my commitment to the Reilly Arts Center/Ocala nestra. However, this letter shall not be binding upon my estate, and the informat n 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 natalie@reillyartscenter.com or mail to 500 NE 9th St. Ocala, FL 34471.