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## WELCOME TO THE JOHN COTTON DANA SOCIETY

The Newark Museum of Art community and its future visitors thank you for your generosity in making a planned gift to ensure the continuation of its work to educate and inspire visitors of all ages. By confirming the details of your intentions below, you enable The Newark Museum of Art to honor you today for your future generosity.

This form will confirm that I/we have included a commitment to The Newark Museum of Art in my/our current estate plan or through the designation of a charitable gift annuity or other financial asset.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name(s) for Membership listing: \_\_\_\_\_

\_\_\_\_\_ I/We prefer to remain anonymous.

\_\_\_\_\_ I/We have made a gift to the museum in the following manner:

\_\_\_\_\_ In my/our will \_\_\_\_\_ a specific planned gift or \_\_\_\_\_ a portion of the residuary.

\_\_\_\_\_ Beneficiary of a retirement/brokerage account, \_\_\_\_\_ insurance policy,  
or \_\_\_\_\_ charitable trust.

\_\_\_\_\_ Beneficiary of a charitable gift annuity with Community Foundation of NJ.

\_\_\_\_\_ I/We don't mind sharing the value of the gift we plan to leave: \$ \_\_\_\_\_

\_\_\_\_\_ I/We wish to share the following details on our gift:

Preferred use or restriction (optional): \_\_\_\_\_

Contact information of advisor or family member in case you are unable to reach me/us:

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Please return this form to: The Newark Museum of Art, Planned Giving, 49 Washington Street, Newark, NJ 07102

(Questions? Contact Michele Saliola, 973.596.6491, [msaliola@newarkmuseumart.org](mailto:msaliola@newarkmuseumart.org))