

The Florida Orchestra  
*Mary Elizabeth Mitchell Society*

Legacy Commitment Form

**General Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (        ) \_\_\_\_\_ Work phone (        ) \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_

**Gift Information:**

I have decided to support The Florida Orchestra with a legacy commitment. I have designated The Florida Orchestra as the beneficiary of a:

- |   |   |
|---|---|
| <input type="checkbox"/> Bequest        | <input type="checkbox"/> Retirement account |
| <input type="checkbox"/> Life insurance | <input type="checkbox"/> Trust              |
| <input type="checkbox"/> Gift annuity   | <input type="checkbox"/> Other _____        |

[Optional: The approximate value of my legacy gift is \$ \_\_\_\_\_.]

**Recognition:**

Please indicate how your name should appear when members of the *Mary Elizabeth Mitchell Society* are recognized or if you would like to remain anonymous:

Name \_\_\_\_\_

- I/We wish to remain anonymous.

Signature \_\_\_\_\_

**Please return completed form to:**

Kim Payne, Legacy Giving Manager  
244 2nd Avenue North, 4th Floor  
St. Petersburg, FL 33701\_  
[kpayne@floridaorchestra.org](mailto:kpayne@floridaorchestra.org)  
Office: 727.362.5421  
Fax: 727.892.3338

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