



MUSEUM of NORTHERN ARIZONA

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Legacy Council Commitment Form

Name(s): _____

Please note: Your name(s) as it appears above will be used for the Legacy Council display in MNA's exhibits building, as well as MNA publications recognizing donors, unless you check the box below requesting to remain anonymous.

Mailing Address: _____
Address City State Zip

E-mail Address: _____ Phone: _____

_____ Yes, I/we have included MNA in our will, trust or estate plan. I/we would like to enroll as members of **the MNA Legacy Council**. Enclosed is a copy of the relevant language in our will or estate documents.

_____ Yes, I/we would like to consider joining **The Legacy Council** by including MNA as a beneficiary of our will, trust or estate plan. Please call us to tell us more about giving options, and for a confidential conversation with no further obligation.

_____ I/we wish to join **the MNA Legacy Council**, but remain **anonymous**.

_____ Yes, I/we are currently MNA members/donors.

For more information about the Legacy Council, please contact the Tory Foster, Development Director, at 928-774-5211, ext. 227 or development@musnaz.org.