PLANNED/LEGACY GIVING

(Complete the section below that applies)

Please send me additional information on planned/legacy giving opportunities.

Name:_______________________________________________________
Address:_____________________________________________________
City:________________________________________________________
State:_________________________ Zip:__________________________

Please call me to discuss opportunities associated with planned/legacy giving.

Telephone Number:___________________________________________
Most convenient time to call:____________________________________

Please check the type(s) of planned giving you are interested in:

Bequest _____
Trust_____ 
Real Estate_____ 
Life Insurance_____

MAIL COMPLETED FORM TO:

MUSEUM OF DEAF HISTORY, ARTS & CULTURE
455 EAST PARK STREET
OLATHE, KS 66061

OR EMAIL TO : SUPPORT@MUSEUMOFDEAF.ORG

TELEPHONE: 913.324.5348