



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