



## Edward Gordon Society

*Thank you for becoming a valued member of Ravinia's Edward Gordon Society, recognizing generous donors who have made estate and planned gifts in support of Ravinia Festival. Ravinia's mission is to present a full range of performances from the world's greatest composers and musicians in our beautifully maintained park. Additionally, Ravinia aims to develop broader and more diverse audiences for classical music through our nationally recognized education and outreach programs and by enabling gifted young performers to foster their talent at the park. Your planned gift helps ensure this mission is fulfilled for generations to come.*

Please complete this membership form and return one copy to our office; keep another with your estate records and also provide a copy to your attorney, executor and/or trustee. Through this form, please indicate to us whether you prefer anonymity or public inclusion as an Edward Gordon Society member in our annual program book, and any specific designations you have for your gift. If you would like to update or change this form at any time, you can do so by contacting Lisa Connolly at 847-266-5494 or [LConnolly@ravinia.org](mailto:LConnolly@ravinia.org). Thank you.

Name (please print): \_\_\_\_\_ Spouse Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Recognition Preference**

*We will list you in our annual program book unless you select to be anonymous.*

- ☐ Please list my/our names as \_\_\_\_\_
- ☐ Please note me/us as Anonymous.

### **Gift Details** *I/We have included a gift provision in my estate plans as indicated below.*

- |  |   |
|--|---|
| <input type="checkbox"/> Will or Revocable Trust                 | <input type="checkbox"/> Charitable Gift Annuity    |
| <input type="checkbox"/> Retirement Plan Beneficiary Designation | <input type="checkbox"/> Charitable Lead Trust      |
| <input type="checkbox"/> Life Insurance Beneficiary Designation  | <input type="checkbox"/> Charitable Remainder Trust |

*My gift is a:*

- ☐ \_\_\_\_\_ % of my estate
- ☐ Asset, please describe: \_\_\_\_\_
- ☐ A specific dollar amount: \$ \_\_\_\_\_
- ☐ no detail to provide at this time \_\_\_\_\_
- ☐ I/we estimate the current value of the deferred gift to be: \$ \_\_\_\_\_

Name and address of Attorney: \_\_\_\_\_

Name and address of Executor, Trustee, or Plan Administrator: \_\_\_\_\_

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

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



418 Sheridan Road, Highland Park, Illinois 60035



(847)-266-5000



Box office: (847)-266-5100



[Ravinia.org](http://Ravinia.org)