Planned Gift Confirmation Form
Orchestre symphonique de Montréal

The information you provide will be kept strictly confidential. Please answer the questions to the best of your ability, as knowing your future intentions will help us ensure your wishes are honoured.

I, _____,
confirm my intention to make a planned gift to the **Orchestre symphonique de Montréal***.

I have named the Orchestre symphonique de Montréal as the beneficiary of:

- ☐ A universal bequest: all of the assets, sometimes divided among many beneficiaries.
  Indicate the %: _____.
- ☐ A residual bequest: all or a percentage of the remainder of the estate after the payment of debts and specific bequests.
  Indicate the %: _____.
- ☐ A specific bequest: a fixed amount or identifiable asset.
- ☐ A gift from a life insurance policy, life annuity, retirement savings plan, or pension fund.
  Other: _____.

In accordance with my philanthropic aspirations, I would like for my planned gift to be applied to one of the following areas of the OSM's mission:

- ☐ The democratization of classical music.
- ☐ The Orchestra's renown and excellence.
- ☐ Diversity, equity, inclusion, and accessibility.
- ☐ Youth projects and the next generation of musicians.

Important : Please include a copy of the testamentary clause designating the OSM as a beneficiary.

Amount

Known amount: _____ Estimated amount: _____

It is also possible to leave a legacy gift to the Orchestre symphonique de Montréal Foundation. For more information, kindly contact us at **cercleWP@osm.ca**.

Your contact information

First name, Last name _____ Age (optional) _____

Address _____

City _____ Province _____ Postal code _____

Telephone _____ Email _____

Your spouse's/life partner's contact information *

** Complete this section if you are planning a gift jointly with your spouse/life partner.*

First name, Last name _____ Age (optional) _____

Telephone _____ Email _____

Your legal or financial advisor's (notary, lawyer, financial planner, accountant) contact information

First name, Last name _____

Address _____

City _____ Province _____ Postal code _____

Telephone _____ Email _____

Recognition

In recognition of your commitment to the Orchestre symphonique de Montréal, we would like to mention your generous contribution in our publications and also invite you to **Cercle Wilfrid-Pelletier** events.

Please check the communications and visibility option(s) that apply to you:

- ☐ I agree to have my name appear in your publications.
- ☐ I would like to know about Wilfrid-Pelletier Circle privileges.
- ☐ I would like you to continue soliciting me for an annual donation to the OSM.
- ☐ I wish to remain anonymous.

Testimonial (optional)

Your generosity is invaluable to us. We would like to know the reasons that motivate you to support the OSM:

Thank you for supporting the OSM!

Please send in this form

By mail
Orchestre symphonique de Montréal
1600 Saint-Urbain Street
Montreal (Quebec) H2X 0S1

Or contact the department of Philanthropic Development, Major Gifts and Planned Giving

Telephone
514 840-7448

Email
cercleWP@osm.ca

Charitable organization number: 119 069 524 RR 0001