



BARBERSHOP HARMONY SOCIETY
***FOREVER IN HARMONY* INFORMATION FORM**

Thank you for your wonderful commitment to BHS and for letting us know that you have made the Barbershop Harmony Society a part of your legacy through your estate plan. We are honored that our work reflects something you value enough to make this statement to future generations. We welcome you to the Forever In Harmony program and thank you for serving as an inspiration to others!

Name:

Date of Birth:

Phone: Home:

Work Mobile (circle one)

Email:

Home Work (circle one)

Second Name:

Date of Birth:

Phone: Home:

Work Mobile (circle one)

Email:

Home Work (circle one)

Address:

Street:

City:

State:

Zip:

I/We have made a provision for BHS through my/our:

Will or Revocable Trust Agreement

Beneficiary Designation

Retirement Account(s) – IRA,
401(k), 403(b) or 401(a).

Account held at:

Life Insurance Policy or Annuity

Name of insurance company:

Charitable Remainder Trust

Name of Trustee:

Donor Advised Fund

Name of sponsoring organization:

Transfer on Death Deed

County of record:

If the future gift were to be realized today, the value would be approximately \$_____ (It is understood that this amount can change over time or be revoked.)

Gift designation and/or comments about why I/we decided to make this gift:

Please enroll me/us in the *Forever In Harmony* program as follows (select one):

Feel free to publish my/our name(s) among your lists of *Forever In Harmony* members as motivation for others to leave a future gift to benefit BHS. I/we wish my/our name(s) to appear as:

Do not publish my/our name(s) on the *Forever In Harmony* roster (list only as “Anonymous”).

Note: The *Forever In Harmony* listing does not include any reference to gift amount.

Signature(s):

Date:

Thank you again for sharing your plans with us. We recognize that your priorities could change in the future. This expression of your current intent is greatly appreciated. Please return this form and direct any questions or additional information to:

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