



The Bridges Society



Date: _____

Yes, I want to leave a legacy gift to Community School of the Arts to continue to *transform lives and inspire community through outstanding and accessible arts education.*

Type of Legacy Gift

I have already made a legacy gift commitment to The Bridges Society through:

- My will or revocable trust
- Annuity or pooled fund
- IRA or pension plan designation
- Life Insurance
- Other _____

Please indicate the estimated value of your gift: \$_____. (Optional)
The estimated value of your gift to Community School of the Arts will help us plan for the future needs of our organization. Your gift amount may be modified at anytime. Your statement today is simply an estimate of the current value of your gift and is not a pledge. Individual information will be kept strictly confidential and will not be disclosed to anyone at any time.

Please include my name in **The Bridges Society Listing** as follows:

or
 I wish to remain anonymous

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Signature: _____

Community School of the Arts
345 N College St | Charlotte, NC 28202 | PH 704.887.0298 | www.csarts.org
Tax ID 59-1356847

Thank you for your support!