



OLD STURBRIDGE
LIVING ★ LEARNING ★ LEADING

The George Washington Wells Society

One of the simplest ways to support Old Sturbridge and the preservation of history is to make a gift within your estate plans. Through a bequest provision in your will or trust, or adding Old Sturbridge as a beneficiary of your life insurance policy or unused retirement assets, you become part of a growing group of generous donors who comprise our legacy society, the *George Washington Wells Society*.

Please complete the information below and send this form to one of the provided addresses, or complete it online by scanning the QR code.

Complete online:



Mail to:

Bridget Baratta
Vice President for Development
Old Sturbridge Village
1 Old Sturbridge Village Road
Sturbridge, MA 01566

Email to:

bbaratta@osv.org

All information will remain confidential. Thank you!

Name(s) _____ Date of Birth _____ / _____ / _____
(please print)

Name(s) _____ Date of Birth _____ / _____ / _____
(please print)

☐ I/We have included Old Sturbridge in my/our **will**

☐ A specific bequest of \$_____

☐ A percentage bequest of _____%. Estimated value \$_____

☐ Other (describe): _____

☐ I/We have made arrangements for the following (check any/all that apply):

☐ **A life insurance policy.**

Old Sturbridge is ☐ Primary beneficiary ☐ Secondary beneficiary (please check one)

☐ **A Qualified Retirement Plan** (e.g. IRS, 401k, 403b)

Old Sturbridge is ☐ Primary beneficiary ☐ Secondary beneficiary (please check one)

☐ **Other**

Please Describe: _____



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PURPOSE

My/our future gift is:

- ☐ Unrestricted
- ☐ Restricted for the following purpose(s) : _____
- _____

DOCUMENTATION

- ☐ Yes, I/we will share a copy of the portion of the documents that applies to Old Sturbridge or the trust agreement or Change of Beneficiary Form (401k, 430b, IRAs, Insurance) in which Old Sturbridge is named. Please mail / scan to:

Bridget Baratta
Vice President for Development
Old Sturbridge Village
1 Old Sturbridge Village Road
Sturbridge MA 01566
bbaratta@osv.org

AUTHORIZATION FOR USE OF NAME (Please select one option)

- ☐ I/we authorize Old Sturbridge to include my/our name(s) as a member of the George Washington Wells Society in publications. I/we understand that this authorization is limited to the use of my/our name(s) only, and that the type and amount of my/our gift to Old Sturbridge will remain confidential.
- ☐ I prefer to remain an anonymous member of the George Washington Wells Society.

Signature _____ Date _____

Signature _____ Date _____

Please contact Bridget Baratta, V.P. for Development, or Jeff Burdick, Planned Giving Ambassador, with any questions.

Bridget Baratta	Jeff Burdick
508-347-0207	774-230-3485
bbaratta@osv.org	jburdick@osv.org

We are grateful for you and the other members of the George Washington Wells Society who have left a legacy through Old Sturbridge.
