



The Linden Tree Society of Rockport Music
Gratefully recognizes the intention of

Name of Donor(s)

to support Rockport Music, Inc. of Rockport, MA through a bequest or other planned gift as follows:

Description _____

The current value of my/our estate commitment is approximately _____ (optional).

☐ I/we prefer to remain anonymous members of The Linden Tree Society.

Mailing Address _____

Telephone (H) _____

(O) _____

Donor signature

On behalf of Rockport Music, Inc.

Donor signature

Date

Date

CONTACT INFORMATION FOR EXECUTOR/ADMINISTRATOR

Name of Executor or Administrator (printed)

Street Address

City

State

Zip Code

Phone Number

E-mail Address

***Please mail completed form to: Lori Correale, Director of Development, Rockport Music, 16 Main St.,
Rockport, MA 01966***