

WARBURG SOCIETY CONFIDENTIAL REPLY FORM

I accept your invitation to join the Warburg Society. I have made provisions in my will for The Jewish Museum.

The Jewish Museum may make public my name in Warburg Society listings.

Please print name as it should appear : _____

I would like more information on planned gift options. Please call me for a private conversation.

Name : _____

Address : _____

City/State/ZIP : _____

Daytime telephone number : _____

Signature/Date : _____

All inquiries are strictly confidential and in no way obligate you.

Please return this form to:

Director of Major Gifts
The Jewish Museum
Development Office
1109 Fifth Avenue
New York, NY 10128