

Planned Gift Intention Form

If you wish to inform Main Stage Community Theatre of your non-binding, revocable intention to leave a planned gift, please complete the following:

Name	Date of Birth	
<hr/>		
Address		
<hr/>		
City	State	Zip
<hr/>		
Email Address	Phone	
<hr/>		

Yes, you may contact my attorney to receive a complete copy of my will and/or trust.

Attorney Name	Phone
<hr/>	
Attorney Email Address	
<hr/>	

Please describe and/or attach the relevant document(s) describing your planned gift benefiting Main Stage Community Theatre. Please include a credible estimate of the current value of the gift below.

Bequest through your will or trust to Main Stage Community Theatre

- Specific Dollar Amount
- Specific percentage of your estate
- Specific percentage of your residuary estate (the amount or percentage that is left after all other bequests and expenses have been fulfilled)

Main Stage Community Theatre is a beneficiary of all or a portion of:

- A life insurance policy
- A financial institution (bank, CD, brokerage) account
- A retirement account

Other _____

Donor Recognition Confirmation

- I/we give Main Stage Community Theatre permission to publicly recognize my/our membership in their legacy society.
- I prefer to remain anonymous.
- Yes, I would be interested in sharing the story of my support for Main Stage Community Theatre in your publications.

Name as you wish it to appear on the Honor Roll: _____

This document is not intended to be legally binding. We recommend you seek the advice of your attorney when considering a planned gift.