

what will your legacy be?

PLANNED GIFT NOTIFICATION FORM



DONOR CONTACT INFORMATION

NAME(S)

ADDRESS

PHONE

EMAIL

I would like to complete this form with the help of a Taproot Theatre staff member. Please contact me.

GIFT INFORMATION — PLEASE SELECT ONE

I have included Taproot Theatre:

- In my will or trust.
- As a beneficiary of my life insurance policy.
- As a beneficiary of my retirement account.
- Other (please specify) _____.

GIFT DOCUMENTATION

- I have attached a copy of the relevant portion of my will, trust, beneficiary designation form or other planned giving document (title page, page enumerating the gift to Taproot Theatre, your signature. Please blackout other confidential information).
- I would rather speak to a Taproot Theatre representative about this option. Please contact me.

AMOUNT OF GIFT

The approximate value of my legacy gift is currently \$_____.

GIFT RECOGNITION—AFTER THE GIFT IS RECEIVED

- I would like my name to appear in Taproot Theatre publications as: _____
- I wish to remain anonymous.

DONOR SIGNATURE

SIGNATURE

DATE

SIGNATURE

DATE

Please return from via mail (Taproot Theatre, Attn: Development, PO Box 30946, Seattle, WA 98113)
or via email (Development@taproottheatre.org).