Bequest Intention Form

As evidence of my/our desire to provide a legacy of support to Broadway Dallas (f/k/a Dallas Summer Musicals), I/we hereby inform you that I/we have made a provision for a gift in my/our estate plans. I/we understand that this commitment is revocable and can be modified by me/us at any time.

**It is my/our intent to leave a legacy gift to Broadway Dallas through my/our:**

❏ Will ❏ Retirement Plan Assets ❏ Charitable Lead or Remainder Trust

❏ Living Trust ❏ Life Insurance Policy ❏ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❏ I/we prefer to direct this gift to the following program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Optional Information:**

**My/our gift is:**

❏ For a specific dollar amount ❏ The balance or residue of my/our estate

❏ A percentage of my/our estate ❏ A beneficiary designation of certain asset(s)

**I/we wish to inform you for long-term purposes only that, as of this date, the value of my/our gift is $**\_\_\_\_\_\_\_\_\_\_\_\_\_. *(If your gift is a percentage of your estate, please indicate the approximate value of that percentage.)* I/we understand that, by stating an amount, my/our estate is not legally bound by this statement, and I/we may choose to add, subtract, or revoke this bequest at any time, at my/our sole discretion.

❏ I/we agree to have my/our name(s) published on lists of legacy donors as a motivation for others to leave a future gift to benefit the **Broadway Dallas*.*** *(Note: The amount of your gift if you provided it is not published and remains confidential)***.**

List your name(s) as you would like it (them) in print:

❏ I/we prefer this to be an anonymous gift.

Donor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_ \_\_\_\_\_\_\_\_\_\_ State \_\_ Zip \_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_