



## Legacy Circle Donor Intent Form

As evidence of my/our desire to provide a legacy of support to Williamston Theatre, I/we hereby inform Williamston Theatre that I/we have made a provision for a gift to the Williamston Theatre in my/our estate plan. I/we understand that this commitment is revocable and can be modified by me/us at any time.

Name	Date of Birth	Second Name (if joint gift)	Date of Birth
Address	City	State	Zip
Email	Home Phone	Cell Phone	

It is my/our intent to leave a legacy gift to Williamston Theatre through my/our:

- |   |  |
|---|--|
| <input type="checkbox"/> Bequest/Will       | <input type="checkbox"/> IRA Beneficiary Company |
| <input type="checkbox"/> Trust (Type _____) | (_____)  |
| <input type="checkbox"/> Insurance Policy   | <input type="checkbox"/> Other                   |

I/we wish to inform Williamston Theatre, 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 current 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.

*(Williamston Theatre requests notification any time you make changes or adjustments to your gift.)*

Please designate this gift to benefit the following program area or to “the area of greatest need.”

\_\_\_\_\_

*(If in the opinion of the Williamston Theatre Board of Directors or their successors, the need for funds for the purpose described above no longer exists, at some future date the Board of Directors, or their successors, are authorized to use these funds in the best interest of the Williamston Theatre in a manner that will best accomplish the benefactor's wishes.)*



- I/we would like the following individuals to be notified of my/our gift when it is realized, and to be invited to participate in any activity related to the public recognition of this gift. (optional)

\_\_\_\_\_  
Name Relationship Contact Information

\_\_\_\_\_  
Name Relationship Contact Information

Providing the names and contact information for the advisors familiar with your estate plans helps to ensure we have a complete record and enables us to act on your wishes in the future. (optional).

### ADVISOR

\_\_\_\_\_  
Name Contact Information

\_\_\_\_\_  
Name Contact Information

- The legal and/or financial advisors listed above may be contacted for questions and clarification regarding my/our planned gift.

### ADDITIONAL COMMENTS OR INFORMATION

Please enroll me/us in the Williamston Theatre Legacy Circle under the following conditions:

- Feel free to publish my/our name(s) among your lists of Legacy Circle members as a motivation for other to leave a future gift to benefit the Williamston Theatre. I/we wish my/our name(s) to appear as:

\_\_\_\_\_

- Do not publish my/our names on any donor roster (this is an anonymous gift, contact me for the details).

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

Thank you very much for your generous support and commitment to the Williamston Theatre. It is also helpful for us to have on file any supporting documentation which you may be able to share with us. Please attach if possible.