

GIFT INTENTION FORM

Although it is not required for you to inform us of your intention to support Playhouse Square through a legacy gift, we appreciate the information and the opportunity to acknowledge your generosity. All information you provide will remain confidential. Any public recognition of your intent will only occur with your approval on this form.

Donor Information	
Name(s)	
Address	
City, State, Zip	
Phone	Email
We recognize our Legacy Cir Please indicate how you wo	cle members in annual, monthly and online publications. uld like to be recognized.
Please indicate how you wo ☐ Recognize me/us as:	uld like to be recognized.
Please indicate how you wo ☐ Recognize me/us as: ☐ I/We wish to remain ano	uld like to be recognized.
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Planned Gift Information

Playhouse Square is named as a beneficiary of one of more of the options below. If you are willing to share specific details, please include that information in the space provided.

☐ Will or Trust			
☐ Most co	mmon: Share of Estat	e:% Estima	ted \$
			Estimated \$
□ Trust f	unded by will: (name)		Estimated \$
	ted Dollar Amount \$		
☐ Lifetime Fur	ided Gift		
☐ Charita	ble Remainder Trust	t: Estimated \$	
		timated \$	
-	of a Life Insurance Po	olicy	
☐ Beneficiary c Estimated \$_	of an IRA		
•	of another financial/ be:	charitable account	
Estimated \$_			
This gift is:	Revocable	Irrevocable	
account not covered	in your will, you must let u		account owner is deceased. If Playhouse Square is a beneficiary of an claim the assets at the appropriate time. It is also recommended that in your records.
Additional note	es regarding my/our	gift to Playhouse Sq	uare:
Signature(s):			Date:
	This fo	rm is non-binding.	 -

For more information or questions, contact Leanne Dewyer, Director of Development.

P: 216-640-8411 E: Leanne.Dewyer@playhousesquare.org

Mail or email form:

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