

The Legacy Society Member Information



I am/We are pleased to accept membership in *The Legacy Society* of The 5th Avenue Theatre. I/We understand that membership is based on information provided about my/our future gift to The 5th Avenue Theatre.

Name(s) _____ Birthdate _____

_____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Email _____

The 5th Avenue Theatre will be pleased to recognize your *Legacy Society* membership in its ENCORE program magazine and donor wall. If you would prefer anonymity, please indicate below.

I/We would prefer to be anonymous in publications but accept the other membership benefits.

Please complete the following for our records.

The 5th Avenue Theatre has been included in my/our:

- Will
- Living Trust

The 5th Avenue Theatre has been named as a beneficiary of my/our:

- Retirement Plan
- Life Insurance Policy
- Other _____

To help make certain The 5th Avenue Theatre can fulfill your intentions when your gift is received, it is helpful for us to know the purpose of your gift and the approximate amount.

- Unrestricted to provide maximum flexibility for The 5th Avenue Theatre to pursue its mission.
- Restricted for the following theatre priority: _____

Approximate Amount _____

Signature _____ Date _____

Signature _____ Date _____

We would appreciate receiving a copy of the relevant portions of legal documents relating to your intended gift or a letter from your legal or financial advisor that describes the nature and purpose of the gift.

Thank you for your support of The 5th Avenue Theatre's future.

Please return completed form to Bernadine Griffin, Director of Theater Advancement and Development,
The 5th Avenue Theatre, 1326 5th Avenue, Suite 735, Seattle, WA 98101, (206) 625-1418 x211.