



Actors' Playhouse Productions, Inc.  
A nonprofit 501c3 Organization

### Planned Giving Intention Form for the Actor's Playhouse Endowment

If you wish to inform Actors' Playhouse at the Miracle Theatre of your non-binding, revocable intention to leave a planned gift, please complete the following:

Name	Date of Birth
Address	
City	State
	Zip
Email Address	Phone

Yes, you may contact my attorney to receive a complete copy of my will and/or trust.

Attorney Name	Phone
Attorney Email Address	

Please describe and/or attach the relevant document(s) describing your planned gift benefiting Actors' Playhouse at the Miracle Theatre. Please include a credible estimate of the current value of the gift below.

#### Bequest through your will or trust to Actors' Playhouse at the Miracle Theatre

- Specific Dollar Amount
- Specific percentage of your estate
- Specific percentage of your residuary estate (the amount or percentage that is left after all other bequests and expenses have been fulfilled)

#### Actors' Playhouse at the Miracle Theatre is a beneficiary of all or a portion of:

- A life insurance policy
- A financial institution (bank, CD, brokerage) account
- A retirement account

Other \_\_\_\_\_

#### Donor Recognition Confirmation

- I/we give Actors' Playhouse at the Miracle Theatre permission to publicly recognize my/our membership in the Miracle Maker Society.
- I prefer to remain anonymous.
- Yes, I would be interested in sharing the story of my support for Actors' Playhouse at the Miracle Theatre in your publications.

Name as you wish it to appear on the Society of Miracle Makers:

\_\_\_\_\_

*This document is not intended to be legally binding. We recommend you seek the advice of your attorney when considering a planned gift.*