

MY LEGACY GIFT

Confidential

The La Jolla Playhouse is grateful for your commitment to our mission. We want to ensure that our records accurately represent your intentions and appreciate any information you are comfortable sharing with us. This form is revocable and nonbinding.

Name(s):				
Address:				
City:	State:	Zip:		
Phone(s):	Email(s):			

TYPE OF GIFT

As an expression of my/our passion for theater, I/we have included the La Jolla Playhouse in my/our: (please check all that apply)

 Will / Bequest Annuity Donor Advised Fund 	Revocal Irrevoca		<u>Charitable Trusts:</u>	Beneficiary Designa Life Insurance Po Retirement Plan	
□ Other:					
My/Our gift will be ma	de after:	🗆 My life	🗆 Both our	lives	
In the estimated amour	it of:				(Optional)
DESIGNATING YOUR I would like my/our gift		ted to: □ Endowmen	t Fund	□ Other:	

RECOGNIZING YOUR GIFT

Because you have chosen to leave a legacy gift, you are invited to The Revelle Legacy Society. As a member, you will receive special invitations and recognitions in print materials.

Please recognize me/us publicly as: _____

□ This gift is anonymous. I DO NOT want to be recognized publicly.

This letter of intent is an expression of my current plans. I understand that I may modify or revoke these plans and that this form is not a legal obligation binding on me or my estate.

Donor Signature:	Date:
Joint Donor Signature:	Date:

Please return to:

Julia B. Foster, Director of Philanthropy, jfoster@ljp.org ATTN: Philanthropy Department, La Jolla Playhouse - PO BOX 12039, La Jolla, CA 92039 TAX ID: 95-19411117