

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/v check all that apply) | we ha | ive included the La Jolla | Playhouse in my/our: (please |
| □ Will / Bequest □ Revocable Trust □ Irrevocable Trust □ Donor Advised Fund | | Remainder Trust | Beneficiary Designation: ☐ Life Insurance Policy ☐ Retirement Plan |
| ☐ Other: | | | |
| My/Our gift will be made after: ☐ My life | | ☐ Both our lives | |
| In the estimated amount of: | | | (Optional) |
| DESIGNATING YOUR GIFT I would like my/our gift to be directed to: General Fund General Fund General Fund | nt Fun | d \Box o | |
| ☐ General Fund ☐ Endowmer | Lindowine it i diid | | ther: |
| RECOGNIZING YOUR GIFT Because you have chosen to leave a legacy gift, yo you will receive special invitations and recognition | | | egacy Society. As a member, |
| ☐ Please recognize me/us publicly as: | | | |
| \square This gift is anonymous. I DO NOT want to be | e recc | ognized publicly. | |
| This letter of intent is an expression of my current and that this form is not a legal obligation binding | • | | y modify or revoke these plans |
| Donor Signature: | c | Oate: | |
| Joint Donor Signature: | | Oate: | |

Please return to: