

ALLEY THEATRE

NINA VANCE LEGACY SOCIETY LEGACY INTENT FORM

DONOR CONTACT INFORMATION

Constituent No: _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Tel (Home): _____ Cell Phone: _____ Cell Phone (Name 2) _____

Email(s) _____

GIFT INFORMATION

I/We have named the Alley Theatre as a beneficiary of my/our:

☐ Will

☐ Living Trust

☐ Charitable Remainder Trust

☐ Retirement Assets (e.g. IRA, 401(k) etc.) Name of Provider*: _____

☐ Life Insurance Policy: Policy No. and Provider*: _____

☐ Other (please specify): _____

*It is extremely helpful for us to know the name of the provider, especially for insurance gifts, in order to fulfill your gift intentions.

GIFT RESTRICTIONS

☐ My/Our planned gift is unrestricted, thus allowing the Alley Theatre the flexibility to invest the contribution in the artistic productions or programming that align with and fully support its mission.

☐ My/Our planned gift is restricted for investment within the Alley Theatre Endowment.

☐ Other* _____

*In order to ensure the Alley Theatre is able to honor your request, please contact the Theatre before restricting your gift towards a specific purpose.

OPTIONAL GIFT INFORMATION (Not required for membership but helps with future planning.)

The approximate value of my/our legacy gift is currently: _____.

Note: The value can also be expressed as a percentage.

☐ Attached is a copy of the relevant portions of the legal documents relating to my/our future gift to the Alley Theatre or a letter from my/our legal or financial advisor that describes the nature and purpose of the gift.

NINA VANCE LEGACY SOCIETY RECOGNITION

By making Alley Theatre part of your philanthropy through your estate, you become a valued member of the Alley's Nina Vance Legacy Society. Throughout our season, we gratefully acknowledge the individuals who are benefitting the Alley Theatre with a planned gift.

☐ I/We would like to be listed with other Legacy Society members in Alley Theatre's publications as follows:

(Please print)

☐ I/We would like to remain anonymous in Alley Theatre publications.

Please sign and date:

Signature _____ Date _____

Signature _____ Date _____

Please complete and return this form to:

Alley Theatre Development Department, 615 Texas, Houston, TX 77002

If you have any questions, or would like more information, please contact

development@alleytheatre.org or 713.315.3384

The Alley Theatre acknowledges that this planned gift is revocable and the specifics of the gift will be treated as confidential. As with any decisions involving your estate plans, we urge you to seek the advice of professional counsel when considering a gift to the Alley Theatre.

THANK YOU FOR SUPPORTING THE ALLEY THEATRE WITH A LEGACY GIFT!