

The Encore Club legacy gift notification form

Thank you so much for letting us know of your planned gift to Broadway Rose Theatre Company! We appreciate your commitment to Broadway Rose, and please know that we will be good stewards of your generosity. **Broadway Rose uses this form to ensure that we are complying with your estate gift intentions and preferences** regarding your membership in The Encore Club. We understand that this gift commitment is not a legal document or a binding pleade and may be modified. The information you provide is strictly confidential.

Name(s)				
Address	City	State	Zip	
Phone Number		Email Address		
□ Please list my/our name in a	l printed publications (including sh	ow programs and annua	ıl reports) as:	
□ I/We wish to remain anonyr	nous.			
BEQUEST INFORMATION*				
	for Broadway Rose Theatre Cor	npany in our estate plo	ans as follows (please check all that	
I/We have made provisions apply):Bequest in our will or livingSpecific amount:		npany in our estate pla	ans as follows (please check all that	
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Please return a completed copy of this form to:

Holly Richards, Development Manager Broadway Rose Theatre Company P.O. Box 231004, Tigard, OR 97281

^{*} Please include Broadway Rose Theatre Company's Tax ID #93-1069099 in all legal documentation.