

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 all print	ed publications (including sh	ow programs and annual	reports) as:
□ I/We wish to remain anonymous.			
BEQUEST INFORMATION* I/We have made provisions for Brapply):	roadway Rose Theatre Cor	mpany in our estate pla	ns as follows (please check all that
 □ Bequest in our will or living trust □ Specific amount: \$ □ Percentage of my Estate 			
			g. gift annuity, charitable remainder trust)
□ Income-producing gift plan for t	he benefit of Broadway Ro	se Theatre Company (e.	
,	·		
□ Other estate provisions naming	Broadway Rose Theatre Co	mpany as beneficiary (e.g. life insurance, IRA, 401(k), investment
 Other estate provisions naming laccount). 	Broadway Rose Theatre Co	mpany as beneficiary (e.g. life insurance, IRA, 401(k), investment

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

Meredith Gordon, Executive Director Broadway Rose Theatre Company

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