

Confidential Donor Intent Form

Thank you for including us in your estate plans. You are making a significant difference for the Playhouse and all of its patrons, volunteers, students and staff. Please complete this form with the information you are comfortable sharing. This does not create a binding agreement and is used in confidence to carry out your wishes for the future of the Playhouse.

My/Our Information:

Name (print): _____ Spouse name (if joint gift): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Gift Information:

I/We have provided a gift to the Des Moines Community Playhouse as described in my/our:

- | | |
|---|--|
| <input type="checkbox"/> Will or Trust | <input type="checkbox"/> Charitable Gift Annuity |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Charitable Remainder Unitrust |
| <input type="checkbox"/> Other Asset(s) (please describe):
_____ | <input type="checkbox"/> Retirement Plan or Beneficiary Designation
(401(k), 403(B), IRA, Keogh, Brokerage Account) |

If the Des Moines Community Playhouse is a contingent beneficiary of the indicated asset above, please explain: _____

The current estimated value of my/our gift is \$ _____ or _____ % of the asset indicated above.

Gift Purpose:

☐ **Where the need is the greatest** - When my/our gift is realized, we would like the Playhouse to use its discretion.

☐ **Specific Intentions** - it is my/our intention that the Playhouse use this estate gift for:
(Please provide a brief description of the area(s) or program(s) you would like your generous gift to benefit. If more than one, please provide percentages for each):

Recognition:

- ☐ I/we prefer not to be recognized
- ☐ Please list my/our name(s) as follows: _____

I/We understand this form does not create a binding obligation to the Playhouse and any details about my/our gift will remain confidential. The Playhouse understands the amount of my/our future gift may change.

Signature: _____ Spouse Signature (if joint): _____

Date: _____