Providing the information below about your bequest or estate gift to Porchlight Music Theatre enables Porchlight to plan and administer your gifts in accordance with your wishes.

It is useful for the company to receive a copy of the relevant section(s) of your will or trust. Your information will be kept strictly confidential.

If you are uncomfortable sharing dollar amounts, feel free to leave that section blank. We do, however, wish to know who has made a bequest to Porchlight.

Information About Your Planned Gift

I/We have named Porchlight Music Theatre in my/our estate plan as follows (please check):

- Will/Living Trust for $___________ or ___% . . . . . . . . . . . . . . . . . Estimated Value: $_________
- Retirement Plan for $___________ or ___% . . . . . . . . . . . . . . . . . Estimated Value: $_________
- Charitable Remainder Trust . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Estimated Value: $_________
- Donor Advised Fund . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Estimated Value: $_________
- Life Insurance Policy . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Estimated Value: $_________
- Other, describe: ______________________________________________________________

My/Our gift is (please check):

- Unrestricted
- Designated specifically for: ______________________________________________________
- Not yet designated; please contact me/us to discuss options.

Estimated total value of gift: $_________

as of ____/_____/______

Continued on next page
Information On How Porchlight Music Theatre Should Acknowledge Your Legacy Gift

(please check)

☐ Please Include my spouse/domestic partner as a member of the Directors Circle.
   Spouse/domestic partner name (please print): _______________________________

☐ Please list my name in Directors Circle lists and publications (gift details are not listed).
   I/We wish to be listed as (please print): _______________________________

☐ Please consider me/us to be anonymous members; do not list me/us in Directors Circle lists or publications.

By: ________________________________
   (signature)

By: ________________________________
   (signature)

Date: ____/____/__________

Contact Information

(please print)

Name: ________________________________

Address: ________________________________

Phone: ________________________________

E-mail: ________________________________

Porchlight Music Theatre is very grateful for your generosity.

Porchlight Music Theatre
4200 W. Diversey
Chicago, IL 60639
773-777-9884

PorchlightMusicTheatre.org/Support