

Honoring the generous individuals who make a provision in their estate plans for TheatreSquared

expression of my/our commitment to TheatreSquar pared through a:	ared, I/we have arranged a future gift to The-
Will or living trust Charitable gift annuity or charitable remainder trus Life insurance policy	☐ IRA or retirement plans  ☐ Other (please describe):  ———————————————————————————————————
	nt my/our planned gift to TheatreSquared. In order to as- n strict confidence that my/our gift will be a minimum ite.
I/We have not yet included TheatreSquared in my/	y/our estate plans, but intend to do so.
 I/We wish to list my/our names as a member(s) or I/We wish to remain anonymous.	of the Legacy Circle as follows:
Name(s)	
Address	
City State	ite Zip Code
Home phone number Busin	iness Phone Number
Email address	
Signature(s) (1)	(2)
Date	_

This declaration of a future gift is an expression of my/our present plans and is subject to change or modification by me/us. It is not legally binding on my/our estate. If changes are made I/we will notify TheatreSquared.

**Thank you for your generous commitment and welcome to the Legacy Circle.** If you have any questions, please contact Martin Miller, executive director, at (479) 445-6333 or martin@theatre2.org.

TheatreSquared PO Box 4188 Fayetteville, AR 72702 EIN #20-1016258