



# LEGACY CIRCLE CONFIDENTIAL ENROLLMENT FORM

In consideration of the impact of Rocky Mountain Repertory Theatre on our lives, I/we have made provision for a gift in my/our estate plan. Understanding that the organization has established a society to recognize individuals who made such a commitment, I/we are pleased to authorize the organization to include me/us as a member of RMRT Legacy Circle.

**Please print or type**

Title \_\_\_\_\_ Name \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Date of birth \_\_\_\_\_ Spouse Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name(s) for recognition purposes \_\_\_\_\_

Phone \_\_\_\_\_ Second Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Relationship with the organization (check any that apply)**

- Board of Directors (current or past)
- Alumnus
- Parent/Grandparent
- Staff
- Patron
- Friend
- Volunteer
- Other \_\_\_\_\_

**Gift Information**

**I/we qualify for the Legacy Circle through the following planned gift:**

- Bequest (or Living Trust)
  - Dollar amount
  - Stock or property
  - Percentage bequest
  - Residuary bequest
- Beneficiary Designation
  - IRA/Retirement Plan
  - Life Insurance Policy
  - Donor Advised Fund
  - Outright Gift of Stock or Property

**(Optional) Please indicate the approximate current market value of the planned gift named above: \$ \_\_\_\_\_ (This amount will be treated as confidential.)**

**The gift is:**

- Unrestricted
- Restricted as follows: \_\_\_\_\_
- I/we wish to remain an anonymous member of the RMRT Legacy Circle.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_