

PLANNED GIVING

ESTATE OR PLANNED GIFT COMMITMENT

Please return completed form to Young Audiences, PO Box 3175, Princeton, New Jersey 08540 Phone 609-243-9000 abetterton@yanjep.org

| DONOR INFORMATION | |
|---|--|
| Last Name: First Name(s): | |
| Name(s) as you wish it to appear in print: | |
| \square I/We prefer that this gift or pledge remains anonymous. | |
| Street Address: | |
| City: State: | Zip Code: |
| DONATION/PLEDGE AGREEMENT | |
| | |
| I (WE) HAVE PROVIDED FOR YOUNG AUDIENCES IN MY ESTATE PLANS IN THE FOLLOWING WAYS: | |
| GIFT TYPE | |
| ☐ BEQUEST through a will/trust | |
| ☐ LIFE INSURANCE | |
| ☐ IRA or RETIREMENT PLAN | |
| ☐ CHARITABLE TRUST | |
| ☐ CHARITABLE GIFT ANNUITY | |
| OTHER | |
| ESTIMATED GIFT VALUE | |
| With the understanding that gift values are subject to change, I/w | • |
| be approximately \$ in today's dollars. (This am | ount is an estimate and is not legally |
| binding.) GIFT DESIGNATION | |
| ☐ This gift is unrestricted and may be used where the need is greater. | patest at Young Audiences |
| | eatest at Tourig Addiences. |
| ☐ Please designate this gift for (please check one): | |
| ☐ Scholarship Fund | |
| ☐ Endowment Fund | |
| □ Other | |
| As evidence of my/our desire to provide a legacy of support provisions for a gift to Young Audiences in my/our estate placement can be modified by me/us at any time. | |
| Signature: Date | |