

Wallis Annenberg Center for the Performing Arts

Charitable Statement of Intent

Thank you for making the Wallis Annenberg Center for the Performing Arts a priority in your legacy planning. Informing The Wallis of your intentions helps us plan for the future with confidence and creativity. Please complete this intention form to advise us of your generous gift.

DONOR INFORMATION *(Please print or type)*

Name(s)							
HOME ADDRESS							
Address		City		State		Zip	
Tel.		Cell		E-Mail			

GIFT VEHICLE

We/I intend to leave a legacy to The Wallis through our/my:	
<input type="checkbox"/> Will: \$	<input type="checkbox"/> Retirement Plan or IRA: \$
<input type="checkbox"/> Percent (%) of Estate:	<input type="checkbox"/> Life Insurance*: \$
<input type="checkbox"/> Trust: \$	<input type="checkbox"/> We/I would like to discuss a Charitable Gift Annuity
<input type="checkbox"/> Percent (%) of Trust Corpus:	<input type="checkbox"/> We/I would like to discuss a Charitable Remainder Trust
<input type="checkbox"/> Other Assets: \$	Description:
<input type="checkbox"/> We/I have included supporting documentation.	

**Minimum value: \$10,000*

GIFT DESIGNATION

<input type="checkbox"/> Please use our/my gift for The Wallis' greatest needs (unrestricted).
<input type="checkbox"/> Please use our/my gift for the following purpose*:
<input type="checkbox"/> Please apply our/my gift toward The Wallis' Endowment Fund (unrestricted) **.

**Minimum gift restrictions apply.*

***Naming opportunities and restricted funding options available at minimum gift levels.*

RECOGNITION

The following is the manner in which our/my name is authorized to appear on any official materials or public recognition for The Wallis:	
<input type="checkbox"/> Name(s):	
<input type="checkbox"/> Anonymous	We/I wish our gift to remain anonymous.
<input type="checkbox"/> In Memory Of:	<input type="checkbox"/> In Honor Of:

PROFESSIONAL ADVISOR INFORMATION (Please print or type)

Name(s)							
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BUSINESS ADDRESS

Title				Company					
Address			City			State		Zip	
Tel.			Fax			E-Mail			

The Wallis requests a copy of your newly executed estate, trust, or policy document recording the organization as the beneficiary for the purpose of documenting the commitment and providing recognition.

We/I acknowledge that this Charitable Statement of Intent is subject to the Wallis Annenberg Center for the Performing Arts Gift Acceptance and Crediting Policies. The Wallis relies on this document for its long-term planning. However, it is non-binding and may be updated at any time by subsequent written agreement signed by all parties.

Donor Signature(s): _____	Date: ____ / ____ / ____

_____ Wallis Annenberg Center for the Performing Arts	Date: ____ / ____ / ____
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Please return this form to Rachel Fine, Executive Director & Chief Executive Officer.
Office: (310) 246-3800 | rfine@thewallis.org

Wallis Annenberg Center for the Performing Arts
9390 North Santa Monica Boulevard, Beverly Hills, CA 90210
www.thewallis.org

All donations are tax deductible to the extent the law allows.
Legal Name: Wallis Annenberg Center for the Performing Arts. Tax ID: 95-4467830