Fort Wayne Youtheatre

LEGACY GIFTS

DONOR **CONTACT INFORMATION**

Name(s):

Email:

Mailing Address:

City/State/ZIP:

Phone: - - Home Cell

Date: Signature:

GIFT **INFORMATION**

I have included Fort Wayne Youtheatre

- in my will or trust
- as a beneficiary of my life insurance policy
- as a beneficiary of my retirement account
- other (please specify): _____

Information on my gift (optional)

Estimated Gift Value: $ _____

LEGACY GIFT **RECOGNITION**

Legacy Gift Donors are recognized in every Fort Wayne Youtheatre show program as a tribute to those who have ensured our organization's future by including Youtheatre in their estate plans.

I would like to be recognized as

- _____
- I would like to remain anonymous

Please return via mail: **Fort Wayne Youtheatre, 2426 Lake Avenue, Fort Wayne, IN 46805**
or via email: **heather@fortwayneyoutheatre.org**