

Planned Gift Notification Form

Name		Birthdate	
Name		Birthdate	
Address			
City	_ State	Zip Code	
Telephone ()E	Email		
I/We have named the Kentucky Theatre as	a beneficiary of	· my/our:	
will will		Living Trust	
Charitable Remainder Trust		Life Insurance Policy	
Retirement Assets		Other	
My/Our planned gift is:			
Restricted for the following (ple	ease consult wi	r the Kentucky to advance its mission ith the Kentucky if you are considering a restricted girenored):	ft
My/Our gift's approximate dollar amount or profer the future)		optional, but helps the Kentucky more accurately plan	n
		t in Kentucky Theatre publications. (Allowing your natentucky with a future gift.) The name on any listing	me
I/We wish to remain anonymor	JS.		
		financial plans. Information disclosed will be kept st ists the Kentucky Theatre in planning for the future.	rictly
Signature		_ Date	
Signature		_ Date	

For more information, please contact: Hayward Wilkirson at (859) 231-6997 or info@kentuckytheatre.org.

Please return completed form to: Kentucky Theatre | Hayward Wilkirson | 214 East Main | Lexington, KY 40507