



Sheldon Theatre
443 West Third Street
Red Wing MN, 55066
651-388-8700

Annie Sheldon Legacy Society

Thank you for your intention to include the Sheldon Theatre in your estate plan. We ask that you complete this form with as much detail as you are willing to share. Any information about your gift will remain confidential and **does not create a binding obligation.**

New Intention Updated Intention

My/Our Information:

Name (print): Spouse name (if joint gift): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Gift Information:

I/We have provided a gift to the Sheldon Theatre as set forth in my/our:

Will or Trust

Charitable Gift Annuity

Life Insurance Policy

Charitable Remainder Unitrust

Other Asset(s) (please describe: _____

_____)

Retirement Plan or Beneficiary Designation (401(k), 403(B), IRA, Keogh, Brokerage Account)

The Sheldon Theatre is a contingent beneficiary of the indicated asset above (Please Explain): _____

Gift Purpose:

Gift Agreement/Letter - I/We have signed a Gift Letter or Agreement with The Sheldon Theatre stating the designation or purpose for this gift.

I/We have not signed a Gift Letter or Agreement. It is my/our intention that the Sheldon Theatre use this future gift for (Briefly describe the program or fund you would like your gift to benefit. If multiple areas, please provide percentages or specific amounts):

Estimate of gift value: _____

Recognition:

Donors who provide a planned gift to benefit The Sheldon Theatre will be enrolled in the Annie Sheldon Legacy Society.

I/we prefer no public recognition

Please list my/our name(s) as follows:

Estate Contact Information: Although optional, the following information is very helpful:

Executor, Trustee (if your gift is through a Will, Trust):

Company (i.e. TIAA, Fidelity, etc., if your gift is through a retirement account or life insurance policy):

Name: _____

Name: _____

Address: _____

Address: _____

City, _____ State: __ Zip Code: _____

City, _____ State: _____ Zip Code: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Additional Contact/Relationship you may want us to know (family, attorney, etc.)

Name: _____ Relation: _____

Address: _____ City _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

I/We understand this form does not create a binding obligation and any details about my/our gift will remain confidential. The Sheldon Theatre understands that the size of my/our future gift may change.

Signature: _____

Spouse Signature (if joint only): _____

Date: _____