

BALLET ARIZONA

IB ANDERSEN ARTISTIC DIRECTOR

I/We want to enrich our community with a continuing legacy of beautiful dance, and assure the performance of Ballet Arizona for future generations. Please enroll me/us in the Ballet Arizona's **Legacy for Dance**.

Please check all boxes that apply.

- I/We have made provisions in my/our **Will** or **Revocable Living Trust** to support the work of Ballet Arizona.
- I/We have named Ballet Arizona as a beneficiary in a **Retirement Plan**.
- I/We have included Ballet Arizona as a beneficiary in a **Charitable Remainder Trust** or **Charitable Lead Trust**.
- I/We have included Ballet Arizona in a **Life Insurance Policy** or in a **manner not named above**. Please specify:

In regard to listing my (our) name in the **Legacy for Dance** (the Ballet's donor recognition program):

- I would like my (our) name to appear as follows:

- Please do not list my (our) name. This commitment should appear as "Anonymous."

Signature _____ Date _____ Phone _____

Address _____ City _____ State _____ ZIP _____

- I would like to receive information on other types of deferred gifts.

The following information is optional:

Date(s) of Donor(s) Birth _____ Estimated Value of Gift _____

My attorney's name is _____

(Your attorney will not be contacted without your permission.)

It is understood that this information is given to help Ballet Arizona for planning purposes only and that it may be changed without notice. Thank you for returning this form to indicate your planned support.