

ORLANDO BALLET

ENTERTAIN • EDUCATE • ENRICH

Harriett's Legacy Society Enrollment Form

Leave a legacy today to ensure a strong future for Orlando Ballet!

Named for our beloved benefactress, Harriett Lake, Harriett's Legacy Society honors those who have included Orlando Ballet in their estate plans. The information provided in this form will be used to ensure your wishes are followed at the time your gift is fulfilled and will help Orlando Ballet recognize your support of our Mission.

Thank you for your generous commitment!

Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Spouse Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

I/We give permission for my/our name(s) to be recognized in all member listings for Harriett's Legacy Society in the following manner:

I/we wish to remain anonymous.

I/We wish to support Orlando Ballet because:

Please Note: Completion of this form is not intended to be legally binding, but notification of intent. Please discuss your planned giving intentions with your professional financial and legal advisors. Orlando Ballet is a tax-exempt nonprofit organization recognized by section 501(c)(3) of the Internal Revenue Code. Tax ID #23-7427817. Contributions are tax-deductible to the extent allowed by law.

In order for us to appropriately plan for future gifts, please provide the following information:

GIFT INSTRUMENT / VALUE

I/We have designated Orlando Ballet as a beneficiary of my/our:

- | | |
|--|---|
| <input type="checkbox"/> Will | <input type="checkbox"/> Charitable Gift Annuity |
| <input type="checkbox"/> Savings Account or CD | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Qualified Retirement Plan | <input type="checkbox"/> Fund/Trust |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Other: _____ |

Approximate value of the gift: \$_____

If possible, please attach a copy of the portion of your will or other documents which include Orlando Ballet as a beneficiary. Please hide any confidential information, such as account numbers or other personal data you do not wish to share.

DESIGNATION

Gifts designated to Orlando Ballet will be allocated to the greatest need at the discretion of Orlando Ballet’s Board of Directors. Gifts can be restricted or designated for a purpose you specify, and with the approval of Orlando Ballet. Please refer to Orlando Ballet’s Gift Acceptance Policy for additional guidance about restricted or designated gifts.

\$_____ or _____% unrestricted for the greatest need of Orlando Ballet

\$_____ or _____% restricted for the following use: _____

\$_____ or _____% Other: _____

PROFESSIONAL ADVISOR

Name: _____ Phone: _____

Firm: _____ Email: _____

City, State, Zip code: _____

PERSONAL REPRESENTATIVE/EXECUTOR

Name: _____ Phone: _____

Relationship: _____ Email _____

City, State, Zip code: _____

Donor Signature: _____

Donor Signature: _____

Please return completed form to:

**Orlando Ballet
Attn: Michael Maniaci
600 N. Lake Formosa Drive
Orlando, FL 32803**

Questions may be directed to:

**Michael Maniaci
Director of Leadership Giving
407.418.9831
mmaniaci@orlandoballet.org**