STATEMENT OF INTENT



Membership in the **Charles D. Kakuk Legacy Society** is reserved for individuals who have made a provision for Next Act Theatre through deferred gift designations.

| through: |
|--|
| ☐ Will(s)/estate(s) ☐ Gift(s) of life insurance ☐ Trust(s) |
| ☐ IRA or Other Retirement Asset(s) ☐ Other: |
| In the approximate amount of \$ |
| ☐ I/We have included a copy of the portion of my/our estate document which names Next Act Theatre as a beneficiary. |
| ☐ I/We give permission to list my/our name(s) as a member(s) of the Charles D. Kakuk Legacy Society |
| Please list my/our names as: |
| ☐ As a member of the Charles D. Kakuk Legacy Society , I wish to remain anonymous. |
| □ Although Next Act Theatre is currently listed as a beneficiary in my/our estate(s), I/we do not wish to be a member of the Charles D. Kakuk Legacy Society or listed as such. |
| I/We wish to direct our support to the following: |
| ☐ Where the needs are the greatest at the time the gift is received.☐ Other: |
| |
| This statement of intent is an expression of my/our present plans and is subject to change or modification by me/us. If changes are made, I/we will notify Next Act Theatre . |
| Date Signature Please Print Name |
| Date Signature Please Print Name |
| The undersigned, being a duly authorized officer of Next Act Theatre does hereby accept this gift. |
| Date Endowment Officer Signature Please Print Name |

P.O. Box 394, Milwaukee, WI 53201 | (414) 278-7780 (Administrative) | tawnie@nextact.org | www.nextact.org

As an expression of my/our commitment to **Next Act Theatre**, I/we have made a deferred gift designation