## **Statement of Intent**



| Membership in the <b>Charles D. Kakuk Legacy Society</b> is reserved for individuals who have made a provision for Next Act Theatre through deferred gift designations.             |   |  |                                |                              |  |
|---|---|--|--------------------------------|------------------------------|--|
|   | an expres<br>signation th   | sion of my/our commitment to<br>nrough:  | o Next Act Theatre, I∕v        | ve have made a deferred gift |  |
|   | □ Will(s)   | /estate(s)   | □ Gift(s) of life<br>insurance | □ Trust(s)                   |  |
|   | □ IRA or  | Other Retirement Asset(s)  |                                |                              |  |
| In the approxi  |   | imate amount of \$   | OR                             | percentage of                |  |
|   |   | I/We have included a copy of the portion of my/our estate document which names <b>Next Act Theatre</b> as a beneficiary. |                                |                              |  |
|   | I/We give permission to list my/our name(s) as a member(s) of the <b>Charles D. Kakuk Legacy</b><br>Society |  |                                |                              |  |
| Please list my/our names as:  |   |  |                                |                              |  |
|   | (Name to be placed on website and printed materials)  |  |                                |                              |  |
|   | □ As a member of the <b>Charles D. Kakuk Legacy Society</b> , 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<br>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 <b>Next Act Theatre.</b> |   |  |                                |                              |  |
| 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  |   | Development Manager Sig  | gnature                        | Please Print Name            |  |
| P.O. Box 394, Milwaukee, WI 53201   (414) 278-7780 (Administrative)   tawnie@nextact.org   www.nextact.org  |   |  |                                |                              |  |