



A non-profit 501(c)(3) organization

Planned Giving Intention Form

599 LEBO BLVD, BREMERTON, WA 98310
 (360) 373-5152 | WWW.BCTSHOWS.COM

DONOR INFORMATION	
Name	Birthdate
Name	Birthdate
Address	
Phone #	Email
GIFT INFORMATION	
I/We have named Bremerton Community Theatre (BCT) as beneficiary of my/our:	
<input type="checkbox"/> Will <input type="checkbox"/> Living Trust Other: _____ <input type="checkbox"/> Retirement Assets <input type="checkbox"/> Life Insurance Policy	
My/Our planned gift is:	
<input type="checkbox"/> Unrestricted to provide maximum flexibility for BCT to pursue its mission. <input type="checkbox"/> Restricted to be used for a special purpose other than support of BCT's general programming. (Please consult with BCT if you are considering a restricted gift to ensure that the proposed restriction can be honored).	
My/Our gift's approximate dollar amount or percentage is (optional, but helps BCT with Planning): _____	
<input type="checkbox"/> Attached is a copy of the relevant portions of the legal documents relating to my/our future gift to BCT or a letter from my/our legal or financial advisor that describes the nature and purpose of the gift (optional, but helps BCT with future planning)	
<input type="checkbox"/> I/We prefer to be anonymous in publications.	
SIGNATURE	
Signature:	Date:
Signature:	Date:

Thank you for sharing with BCT any details of your long-term financial plans that relate to BCT. Information disclosed will be kept confidential. This is not a legally binding document but assists BCT in planning for the future. For more information, please contact Donna Mozingo at DMozingo39@gmail.com.

BCT Mission: Provide the ultimate live performance arts theatre experience for both audience and actor alike.