



Bequest Commitment Form

To ensure that your philanthropic wishes are fulfilled and to help our record keeping, please complete the form below.

Name: _____

Address: _____

Phone: _____

E-mail: _____

Name(s) as you wish to appear in recognition listing:

This future gift will be made through the following documents (please check all that apply):

- Will
- Charitable Trust-Revocable
- Charitable Trust-Irrevocable
- Charitable Gift Annuity
- Life Insurance Policy

- Other _____

Intended future gift amount \$ _____ and/or _____ %

(If a specific cash devise/bequest/face amount of insurance policy, please note the expected gift amount. If the gift is to be a percentage of the residual or remainder, this should also be noted).





Please list any additional details we should know:

Executor Name: _____

Address: _____

Phone: _____

Email Address: _____

Signature: _____ **Date:** _____

Printed Name: _____

Please return this form to Lauren Stroman, Senior Development Officer via mail or email.

- **Email:** lstroman@sarasotaballet.org
- **Mail:** The Sarasota Ballet 5555 N Tamiami Trail Sarasota, FL 34243