

Funding Arts Broward 1350 E. Sunrise Blvd., Suite 110 Fort Lauderdale, FL 33304

EIN: 20-0151317

Confidential Planned Gift Intention

Name: Spouse Name:				
Address:				
City:		State:	Zip:	
Phone:	Email:			
Estate Planning Attorney Nan	ne:			
Phone:	Email:			
Please provide the following in or trust, if available. Please ch		of documentation or	appropriate langu	uage from your will
I/We [print name(s)]			waı	nt to support the
mission of the Funding Arts Br	roward through a planned gift	as described below:		
I/We have included the F charitable remainder	quest for Funding Arts Broward funding Arts Broward as a revo trust. ling Arts Broward as a benefici	ocable/irrevocable (ci		ary of a
Retirement Plan Life Insurance Po		Investment, or Other		
General description of gift pro	vision (such as, asset to be do	nated if other than co	ash or securities.):	
The anticipated value of my/o estate. (If possible, please inc.				
Please indicate if and how you				
of your intended gift will not b		ppear in our Legacy L	Johor histing (pied	se note the amount
	,	loners		
	/us in listings of planned gift d			
Please list my/our name	as follows:			
No, please do not include	e me/us in listings of planned g	gift donors.		
Signature(s):		_	Date:	
		_	Date:	

FUNDING ARTS BROWARD, INC. REGISTRATION #CH16211, IS REGISTERED WITH THE STATE UNDER THE SOLICITATION OF CONTRIBUTIONS ACT. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.