Create A Lasting

Planned Giving for the Arts

Funding Arts Broward

1350 E. Sunrise Blvd., Suite 110 Fort Lauderdale, FL 33304 (954)353-7673 info@fundingartsbroward.org

EIN: 20-0151317

Planned Gift Intention to Funding Arts Broward, Inc.

Name:	Spouse Name:	
Address:		
City:	State:	Zip:
Phone:	Email:	
Estate Contact Name:		
Contact Phone:	Contact Email:	
	Gift Intention	
	ard, Inc. through a planned gift as described below:	want to support the
I/We have included a b	equest for Funding Arts Broward in my/our will or livin	g trust.
I/We have included Fur remainder trust.	nding Arts Broward as a revocable/irrevocable (circle	one) beneficiary of a charitable
I/We have included Fur	nding Arts Broward as the beneficiary of the following	asset.
Asset Name:		
	Gift Acknowledgement	
Please indicate if and how you	ı would like your name(s) to appear in our Legacy Don	nor listing.
Yes, you may include m	e/us in the listing of planned gift donors.	
Please list my name as	s follows:	
No, please do not inclu	de me/us in listings of planned gift donors.	
	Signature(s)	
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.