

# SPRINGFIELD LITTLE THEATRE

THE CROWN JEWEL OF THE OZARKS®

## FUTURE GIFT INTENTION FORM

Thank you for choosing to make Springfield Little Theatre part of your lasting legacy. Your extraordinary generosity ensures that the magic of live theatre will inspire, educate, and bring our community together for generations to come.

Please use this form to share the details of your legacy gift so we can better understand your interests and acknowledge your commitment to Springfield Little Theatre. Springfield Little Theatre acknowledges your future gift may change at any point, and this form does not create a binding obligation.

### ABOUT YOUR GIFT

If you are willing to provide more information about your gift, please share the details below.

- |  |   |
|--|---|
| <input type="checkbox"/> Will/ Living Trust        | <input type="checkbox"/> Charitable Trust                     |
| <input type="checkbox"/> Retirement Plan/ IRA/ TSP | <input type="checkbox"/> Donor Advised Fund (DAF) Beneficiary |
| <input type="checkbox"/> Life Insurance Policy     | <input type="checkbox"/> Other Asset(s)                       |
| <input type="checkbox"/> Real Estate               |   |

As of the date on this form, Springfield Little Theatre is named to receive a specific amount of \$ \_\_\_\_\_ or \_\_\_\_\_ % currently estimated at \$ \_\_\_\_\_ and/ or a specific asset/ property: \_\_\_\_\_

The details of my gift are private at this time.

### GIFT PURPOSE

Legacy gifts help ensure the long-term strength of Springfield Little Theatre, supporting the preservation of our historic facilities, sustaining the organization for future generations, and expanding equitable access to artistic and educational programming. If you wish to designate your gift to a specific area that is especially meaningful to you, please let us know.

I would like to designate my gift to:

- Area of greatest need     Preservation of historic facilities     A specific purpose

If you checked specific purpose, please tell us more about your interest and intentions:

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## RECOGNITION

I/ We would like to be listed among legacy donors. Please list my/ our name(s) as:

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I/ We would like to keep my/ our gift private.

## DONOR INFORMATION

Donor Name

\_\_\_\_\_

Date of Birth

\_\_\_ / \_\_\_ / \_\_\_

Donor Signature

\_\_\_\_\_

Date

\_\_\_ / \_\_\_ / \_\_\_

Donor Name

\_\_\_\_\_

Date of Birth

\_\_\_ / \_\_\_ / \_\_\_

Donor Signature

\_\_\_\_\_

Date

\_\_\_ / \_\_\_ / \_\_\_

Email

\_\_\_\_\_

Phone Number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

By signing this form, you are confirming your current intention to include Springfield Little Theatre in your future plans. Thank you for sharing your gift with us and for choosing to support your community theatre in such a meaningful and lasting way.

Please return this form to:

**Beth Domann**

*Executive Director*

Springfield Little Theatre  
311 E. Walnut Street  
Springfield, MO 65806

(417)869-3869 x112

[bdomann@springfieldlittletheatre.org](mailto:bdomann@springfieldlittletheatre.org)



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LITTLE THEATRE

