

## **Confidential Statement of Intent Form**

<ul><li>☐ Yes, I/we have remembered Ca</li><li>☐ Will bequest</li><li>☐ Other:</li></ul>	nadian Stage through a:		
The amount of my/our gift will have of the estate.	re an approximate value of \$	and/or represents	%
If you have chosen to designate ų	your legacy gift to a specific proje	ect or program, please indicate it here:	
*The nature and amount of your	gift remains strictly confidential*		
To encourage others to support C	anadian Stage,		
$\hfill \square$ I/we agree to be recognized in I	istings as Canadian Stage Legac	y Circle members	
My/Our name(s) should appear as OR  I/We would prefer that this gift			
Name			
Street Address		Suite/Apt #	
City	Province	Postal Code	
Phone	Email		
Signature		 Date	

## THANK YOU FOR YOUR SUPPORT OF CANADIAN STAGE

Please note that this document is for our information only and is not a legally binding commitment.

If you have questions, please contact **Luisa Kurtz**, Senior Manager of Individual Giving, by phone at **416-367-8243** ext. 273 or by email at <a href="mailto:lkurtz@canadianstage.com">lkurtz@canadianstage.com</a>.