

My Legacy Gift

Confidential

The National Ballet of Canada is grateful for your commitment to our mission. We want to ensure that our records accurately represent your intentions and appreciate any information you are comfortable sharing with us. This form is revocable and nonbinding.

rst Name(s): Last Name(s):		st Name(s):
Date(s) of Birth (optional):		
Address:		
		Postal Code:
Phone:	Email:	
As an expression of my passion and love for Will Description Life Insurance Policy		ed the National Ballet in my: (please check all that apply)
In the estimated amount of:		(Optional)
I would like my gift to be directed to:		
The National Ballet of Canada, Ender	owment Foundation	or D The National Ballet of Canada
Because you have chosen to leave a legac will receive special invitations and recogniti		o join the Celia Franca Society. As a member you ials.

- Yes, please include me as a member of the Celia Franca Society
- Yes, please include me as a member of the Celia Franca Society, but I wish to remain anonymous
- No, please do not include me as a member of the Celia Franca Society.

Please indicate how you would like your name(s) to be listed:

This letter of intent is an expression of my current plans. I understand that I may modify or revoke these plans and that this form is not a legal obligation binding on me or my estate.

Signature(s): ____

Date: __

Please return to:

Richard Lefebvre, Associate Director, Individual and Legacy Giving, The National Ballet of Canada 470 Queens Quay West, Toronto, ON M5V 3K4 Tel: 416 345 9686 x324 Fax: 416 345 8323 The National Ballet of Canada, Endowment Foundation is a registered charity. Charitable Business Number: 88989 8722 RR0001 The National Ballet of Canada is a registered charity. Charitable Business Number: 11905 1449 RR0001