



## CINNABAR LEGACY ENROLLMENT FORM

*Welcome to the Cinnabar Legacy Society—your legacy gift is deeply appreciated!*

I look forward to receiving invitations to special events and having my name included as a member of the Cinnabar Theater Legacy Society in Cinnabar Theater publications.

**Name (please print):** \_\_\_\_\_

Please use the following name(s) for recognition, if different from above:

\_\_\_\_\_

I/We wish to remain anonymous to the public. Please do not list my/our name.

**Please sign and date this form for our records:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OPTIONAL: Please tell us about your estate provision(s) for Cinnabar Theater**

I/We wish to let you know, in confidence, that my/our estate plan provides a gift for Cinnabar Theater of approximately \$ \_\_\_\_\_.

*There is no requirement to reveal the size of your gift; doing so will help the theater better plan for its future.*

**I/We have designated the theater as a beneficiary of my/our:**

- |   |   |
|---|---|
| <input type="checkbox"/> will or living trust           | <input type="checkbox"/> charitable gift annuity (CGA)    |
| <input type="checkbox"/> IRA or other retirement plan   | <input type="checkbox"/> charitable remainder trust (CRT) |
| <input type="checkbox"/> stocks, bonds, or mutual funds | <input type="checkbox"/> commercial annuity               |
| <input type="checkbox"/> checking or savings account    | <input type="checkbox"/> donor advised fund (DAF)         |
| <input type="checkbox"/> life insurance policy          | <input type="checkbox"/> other: _____                     |

for a specific amount \$ \_\_\_\_\_ or a percentage \_\_\_\_\_ %, which as of today is valued at approximately \$ \_\_\_\_\_.

**Additional information:**

*Please turn over and complete the rest of the form*

**OPTIONAL:**

**Please provide additional information for our records if you wish:**

My/our date(s) of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Best times to call:  morning  afternoon  evening

**I/We have notified the following professional advisor of this gift:**

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Please provide administrator or executor contact information, if applicable:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Plan#: \_\_\_\_\_

**Return to:** Legacy Giving - Cinnabar Theater  
2200 Petaluma Blvd #700  
Petaluma, 94952

**or email to:** [diane@cinnabartheater.org](mailto:diane@cinnabartheater.org)

*Thank you for your vital support of Cinnabar Theater*

Cinnabar Theater Association Tax ID# is **23-7386031**

