



Planned Gift Notification Form

Name(s) _____

Address _____ City _____ State ____ Zip _____

Phone _____ E-mail _____

Yes, I/We have named the Coolidge Corner Theatre as a beneficiary of my/our:

- | | | |
|---------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Will | <input type="checkbox"/> Retirement Assets | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Living Trust | <input type="checkbox"/> Life Insurance Policy | _____ |

My/Our planned gift is:

- ☐ Unrestricted to provide maximum flexibility for the Coolidge to advance its mission
- ☐ Restricted for the following*: _____

**Please consult with the Coolidge if you are considering a restricted gift to ensure that the proposed restriction can be honored.*

My/Our gift's approximate dollar amount or percentage is (optional, but helps the Coolidge more accurately plan for the future): _____

For public listing of this gift, please display my/our name(s) as:

- _____
- ☐ I/We wish to remain anonymous.

Signature _____ Date _____

Signature _____ Date _____

The Coolidge Corner Theatre Foundation, Inc. is a 501(c)3 nonprofit corporation. No goods or services were provided in consideration for this contribution. Our federal tax I.D. number is 04-3039722.

Questions? Please contact Jeanne at jeanne@coolidge.org or (617) 734-2501 ext. 1106.

Thank you for your lasting commitment to the Coolidge Corner Theatre!