



GUTHRIE
THEATER

HERITAGE SOCIETY

Enrollment Form

I/We have made a future gift to ensure the Guthrie Theater will continue to delight and challenge audiences for generations to come. Please enroll me/us in the Guthrie Heritage Society.

CONTACT INFORMATION*

NAME _____ BIRTHDATE _____

NAME _____ BIRTHDATE _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____ PHONE _____

GIFT INFORMATION

I/We have made a gift to the Guthrie through a:

- ☐ Will/Trust ☐ Life Insurance Policy ☐ Charitable Remainder Trust
☐ Gift Annuity ☐ Pension/Retirement Plan ☐ Other _____

Approximate value of the gift* is \$ _____

(All information provided to the Guthrie regarding the type and level of gift will remain confidential.)

How would you like to designate your gift?

- ☐ Undesignated or ☐ Designated for _____

RECOGNITION

- ☐ I/We would like to be recognized in relevant Guthrie publications as follows:
(Please print name(s) as you would like them to appear.)

PRINTED NAME(S) _____

- ☐ I/We wish to remain anonymous in relevant Guthrie publications.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

*In order for your gift to count toward the Illuminate Campaign, this information must be provided to properly value your commitment.

Please return
completed form to:
Attn: Development
Guthrie Theater
818 South 2nd Street
Minneapolis, MN 55415