

Declaration of Support for Broadway Cares/Equity Fights AIDS

Notification of Client(s) Inclusion of Broadway Cares/Equity Fights AIDS in Estate Plan

I am pleased to report that my client(s) (name(s) optional) _____
has/have included Broadway Cares/Equity Fights AIDS in their estate plan in the following
manner:

1. Type of gift

- In the form of a Bequest
- As a beneficiary in a Charitable Remainder Trust or Charitable Lead Trust.
 % payout rate _____
- As a beneficiary of a Retirement Plan
- As a beneficiary in a Life Insurance Policy

2. Estimated value to Broadway Cares/Equity Fights AIDS _____

3. Date of the client's birth _____

4. In regard to listing my client(s) name in the "Colleen Dewhurst Legacy Society" donor
recognition program:

- I would like my client(s) name(s) to appear as _____
 in memory of _____
 in honor of _____
- Please do not list the name(s) of my client(s)
- The commitment should appear "Anonymous"

I trust this information will be held in the strictest confidence and utilized only for
estimating the value of future gifts. It is understood that this Declaration of Support is not
legally binding and that the future gift to Broadway Cares/Equity Fights AIDS may be
changed without notice.

Advisor Signature _____ Date _____

Address _____ Print Name _____

City, State, ZIP _____ Phone Number _____

Attachments or letters describing the above provision(s) are encouraged. In particular, a copy of the section of your will, trust agreement or other document containing the provision(s) would be appreciated.