

Bequest Challenge

Matching Gift Form

Yes, I'd like to include Broadway Cares in my will or estate plan! I am delighted for 10% of my future gift to be used today.

I have included Broadway Cares as a beneficiary of my:

- Will/Living Trust
- Retirement Plan
- Life Insurance Policy

My bequest is in the amount of: \$ _____

If your bequest is stated as a percentage, please provide the estimated value of your future gift based on the current value of your assets.

I added this gift intention to my estate plans on _____ (date).

If your gift was created prior to 2020, simply write "before 2020."

I've already included Broadway Cares in my will or estate plan, but I want to join the bequest challenge by increasing my bequest to \$ _____.

I would like to be recognized as: _____

- Do not publicly recognize my gift. Please list me as Anonymous.

Please return to: Nick Mayo, Broadway Cares/Equity Fights AIDS, 165 West 46th Street, Suite 1300, New York, NY 10036. If you have any questions, please contact Nick Mayo at 917.239.0388 or mayo@broadwaycares.org.

*Gifts received during the Bequest Challenge will be matched up to \$500,000 by The Dream Alliance, The Harriett Kittner Foundation, and Jon & Lizzie Tisch.