



BENEFICIARY DESIGNATION FORM

I/We are pleased to designate the Rivers Performance Hall Foundation (EIN: 90-0616040), incorporated in the State of South Carolina, as beneficiary of asset(s) at the current estimated value(s):

GIFT INFORMATION

The Rivers Performance Hall Foundation is named as a beneficiary* of (check all that apply):

- Sections of my Will or Living Trust (Current estimated value: \$ _____)
- Retirement Account/Plan (Current estimated value: \$ _____)
- Life Insurance Policy (Current estimated value: \$ _____)
- Investment or Banking Account (Current estimated value: \$ _____)
- Donor Advised Fund (Current estimated value: \$ _____)
- Other Asset, specify: _____ (Current estimated value: \$ _____)

**Please notify the Rivers Performance Hall Foundation of beneficiary designations outside the scope of your last will and testament so that we may be aware of the designation and are able to claim the asset at the appropriate time.*

- Please designate _____ % of my gift to educational support of the Rivers Endowment.
- I have attached additional information and directions regarding the designation of my bequest.

TRUSTEE/EXECUTOR INFORMATION

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

PREFERRED RECOGNITION

- Anonymous – please treat my gift as an anonymous commitment
- Tribute Gift – please dedicate my gift in honor/ memory of:

- Please list my (our) name in all appropriate donor recognition as follows:

DONOR AUTHORIZATION & SIGNATURE(S)

X _____ **DATE:** _____

X _____ **DATE:** _____

The Martha and John M. Rivers Performance Hall Foundation is a South Carolina charitable organization exempt under IRC section 501(c)(3) and, as a public charity described by section 170 (b)(1)(A)(vi), is entitled to receive gifts that are deductible to the maximum extent of the law.



THE MARTHA & JOHN M.
RIVERS
PERFORMANCE HALL
FOUNDATION

Mail: 2 George Street
Suite 2200
Charleston, SC 29401

CONTACT INFORMATION

NAME & BIRTHDAY

Name(s) _____

Birthdate(s) _____

MAILING

Address 1 _____

City _____ State _____ Zip _____

Home/Primary Seasonal/Secondary Office Preferred? Yes No

Address 2 _____

City _____ State _____ Zip _____

Home/Primary Seasonal/Secondary Office Preferred? Yes No

PHONE

Phone 1 _____

Home Mobile Office Preferred? Yes No

Phone 2 _____

Home Mobile Office Preferred? Yes No

EMAIL

Email 1 _____

Personal Office Preferred? Yes No

Email 2 _____

Personal Office Preferred? Yes No

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