



“Creating more diverse and honest images of women+”

Joani Nelson Legacy Circle Pledge Form

This form recognizes my/our intent to support MOXIE Theatre by leaving a legacy gift through:

Will Living Trust Retirement Plan Assets Life Insurance Policy
 Other _____

Optional: For MOXIE'S 's long-term purposes only, I/we estimate today's current value of the gift to be approximately \$_____.

I/we understand that my/our estate is not legally bound by this statement, and we may choose to add, subtract, or revoke this bequest at any time, at our sole discretion.

MOXIE Theatre would greatly appreciate your updating us of any future changes.

I/we agree to have our name(s) recognized in MOXIE's materials as a part of the Joani Nelson Legacy Circle. (The amount of your gift will not be published and will remain confidential.)
 Do not include my/our name(s) on any list of legacy donors.

Name(s) _____		
Recognition Name(s) (if different) _____		
Address _____		
City _____	State _____	Zip _____
Phone _____	Email _____	
Donor Signature _____		
Date of birth _____		
Today's date _____		

MOXIE Theatre

6663 El Cajon Blvd Suite N, San Diego, CA 92115

Employer Identification Number ("EIN"): 20-1080613

This completed form can be mailed, dropped off at the box office, or emailed to philanthropy@moxietheatre.com