



THE MARTHA & JOHN M.  
**RIVERS**  
PERFORMANCE HALL  
FOUNDATION

Mail: 2 George Street  
Suite 2200  
Charleston, SC 29401

## CHARITABLE BEQUEST FORM

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If you are planning to include the Rivers Performance Hall Foundation in your will or trust, please let us know by completing this form. Providing us with notice of your intention is the best way to ensure that we receive the gift you have planned for us and that we are able to steward and recognize you accordingly.

### SPECIFIC GIFT

If you would like to leave a specific gift, or percentage of your estate to the Gaillard Performance Hall Foundation, we recommend the following language:

*“I give, devise, and bequeath \_\_\_\_\_% of my estate (or the sum of \$\_\_\_\_\_) to the Rivers Performance Hall Foundation, a 501(c)(3) registered nonprofit organized and existing under the laws of the State of South Carolina, in support of the Rivers Endowment.”*

### RESIDUARY GIFT

If you would like to leave the Rivers Performance Hall Foundation the remainder of your estate after loved ones have been provided for, consider a residuary gift using the following language:

*“I give, devise, and bequeath all the rest, residue, and remainder of my property, both real and personal, to the Rivers Performance Hall Foundation, a registered nonprofit located in the State of South Carolina, in support of the Rivers Endowment.”*

### CONTINGENT GIFT

If you would like to leave your estate to the Rivers Performance Hall Foundation only in the event that you outlive your family and friends, please talk to your advisors about creating a contingent gift.

**For all legal purposes, please refer to our organization as:**

**The Martha and John M. Rivers Performance Hall Foundation**  
**Incorporated in: Charleston, South Carolina**  
**Tax ID#: 90-0616040**

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.

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## CONTACT INFORMATION

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### 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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