

Legacy Pledge Form

Please note that this pledge is strictly confidential and is in no way legally binding.

Title	First name
Last name/Surname	
Address	Postcode
Telephone no.	
Email	

Your gift

- I am intending to include Polka Theatre in my Will.
- I have already included Polka Theatre in my Will.

Designating your gift

Please let us know if you are happy for your gift to be used wherever the need is greatest

YES/NO

If you would prefer your gift to be used for a specific purpose please tell us here:

- Polka Theatre productions
- Creative learning programmes
- Our building and children's play areas
- Community engagement

If you have already included a gift in your Will to Polka Theatre, or intend to in the future, we would very much like to hear your story. This will help us understand why people choose to support our work in this way. However, please note that this information is not binding in any way and without your permission will be treated with the utmost confidence.

I chose to leave a legacy to the Polka Theatre because:

- I would be happy for the Polka Theatre to share my story with other supporters.

Please return this form to:

Amanda Cropper, Polka Theatre, 240 The Broadway, London, SW19 1SB

Tel: 020 8545 8353

Email: amanda@polkatheatre.com

Polka is a registered charity no. 256979