

LEGACY SOCIETY MEMBERSHIP FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Birth: _____

In my estate plan, I have made provision for the Air Force Museum Foundation, Inc. as follows:

- A. Bequest in my will \$ _____
- B. Life insurance policy \$ _____
- C. Trust naming Air Force Museum Foundation, Inc. as the beneficiary (please specify type of trust, the date(s) of birth of primary income beneficiaries, and any conditions):

D. Charitable Gift Annuity \$ _____

E. Other (please describe) \$ _____

You may include my/our names in public recognition as a member of the Legacy Society on the Air Force Museum Foundation website and Annual Report.

Please print how you would like your name(s) to appear: _____

I/We wish to be anonymous.

I/We would like my/our estate gift to be used for the following purpose:

Undesignated for area with greatest need

Designated for: _____

Would you like to share with us your personal reasoning for choosing to support the Museum through a planned gift to the Foundation?

In the event of unforeseen circumstances which might require change(s) to the above information, I agree to notify the Air Force Museum Foundation, Inc. of such change(s).

Signature

Date



Thank you for making a lasting contribution to the mission of the National Museum of the United States Air Force through your planned gift to the Air Force Museum Foundation, Inc.

Neither the Foundation nor its employees may give legal, tax or accounting advice. Counsel should be contacted prior to drafting or amending any instrument. Please review your estate plan with your attorney and your financial advisor.

Please return this form via email at Friends@afmuseum.com or mail to:
Air Force Museum Foundation, Inc.
P.O. Box 1903
1100 Spaatz Street
WPAFB, OH 45433-1903