Arms Control Association

Working to Eliminate the Threats Posed by the World's Most Dangerous Weapons

Arms Control Association Legacy Society
Confidential Guardian Membership Form

Name: _____

Phone: _____ Email: _____

Address: _____

City/State/Zip Code: _____

Date of Birth: _____(optional)

I acknowledge with pleasure that I have provided for the Arms Control Association in the following way:

- ☐ Gift through a Will or Living Trust
- ☐ Life Insurance Policy, Individual Retirement Account (IRA), or other instrument designating the Arms Control Association as a beneficiary (please specify) _____
  _____
- ☐ Charitable Remainder Trust (CRT) or Charitable Gift Annuity (CGA)
- ☐ Other (please describe) _____

The estimated current value of my bequest or other planned gift is $ _____ (optional)*

- ☐ My gift is intended to support the general purposes of the Arms Control Association.
- ☐ My gift is intended to support _____ at the Arms Control Association.
- ☐ I would like my name to appear on any honor roll or annual report as: _____
  _____
- ☐ I prefer to remain anonymous.

Signature _____ Name (print) _____

Date _____

If you have any questions, please contact Kathy Crandall Robinson, Chief Operating Officer, at **kathycr@armscontrol.org** or 202-463-8270.

Please return the completed form to:

The Arms Control Association
1100 H Street NW, Suite 520
Washington, DC 20005

Email: development@armscontrol.org

www.armscontrol.org

The Arms Control Association is a 501(c)(3) non-profit organization, EIN: 23-7124588

Note:** ACA understands that the size of your gift may differ from the estimate given. If you make changes to your provision, please notify us so that we may update our records. The purpose of this form is to provide information to the Arms Control Association. **It does not create a legal obligation.