

**Arms Control Association Legacy Society  
Confidential 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](mailto:kathycr@armscontrol.org) or 202-463-8270.

**Please return the completed form to:**

The Arms Control Association  
1200 18th Street, Suite 1175  
Washington, DC 20036

Email: [development@armscontrol.org](mailto:development@armscontrol.org)

[www.armscontrol.org](http://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.*