

**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 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