

american **CAMP** association®

Acorn Society Member Information

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street or P.O. Box City State/Zip Code

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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I/We qualify as member(s) of the Acorn Society by virtue of one or more of the following:

\_\_\_\_\_ I have named ACA or ACF in my **will**. Amount is to be paid upon the death of \_\_\_\_\_ or the death of both listed above. (Please complete Parts A, C, and E.)

\_\_\_\_\_ I have named ACA or ACF in my **life estate**. (Please complete Parts C and E.)

\_\_\_\_\_ I have named ACA or ACF as a beneficiary of a life **insurance policy**. (Please complete Parts B, C, and E.)

\_\_\_\_\_ I/We are making an **outright gift** of \$25,000. (Please complete Parts D and E.)

\_\_\_\_\_ I have named ACA or ACF in my **charitable remainder trust**. (Please complete Parts C and E.)

\_\_\_\_\_ I have named ACA or ACF in my **charitable lead trust**. (Please complete Parts C and E.)  
ACA is a \_\_\_\_\_ Direct \_\_\_\_\_ Contingent \_\_\_\_\_ Successor Beneficiary (Please complete Part C.)

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**Part A:** If you have made a gift to ACA or ACF in your will, please complete the following  
Executor

\_\_\_\_\_

Street Address

\_\_\_\_\_

City/State/Zip

Phone Number

Email Address

Name of Attorney Who Drew Up Will

Address

\_\_\_\_\_

City/State/Zip

Phone Number

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**Part B:** My insurance company is

Policy number \_\_\_\_\_

\_\_\_\_\_ The policy is a paid-up policy.

\_\_\_\_\_ I am making premium payments on a regular basis. The policy cannot be cancelled for reasons other than nonpayment of the premium.

\_\_\_\_\_ I am using a renewable term policy.

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**Part C:** As a new member of the Acorn Society, you are solidifying the future of ACA, but we also ask for your leadership toward advancing the cause of ACA today. For that effort, we would like you to consider an annual gift of financial support to our Association that will be applied to the important cause of ACA's Annual Fund.

Each year, we recognize those individuals who give at certain monetary levels for that year. We ask that you consider these levels and participate in the level that is most appropriate for you.

I would like to join in this effort as a

\_\_\_\_\_ *Camp Supporter* (between \$100-\$249/year) at \$ \_\_\_\_\_/year (amount in dollars)

\_\_\_\_\_ *Camp Champion* (between \$250-\$999/year) at \$ \_\_\_\_\_/year (amount in dollars)

\_\_\_\_\_ *Camp Believer* (between \$1,000-\$2,499/year) at \$ \_\_\_\_\_/year (amount in dollars)

Check enclosed (Please make checks payable to American Camp Association.)

Visa       Discover       Master Card

Credit Card No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration  
Date: \_\_\_\_\_

Cardholder's

Signature: \_\_\_\_\_

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**Part D:** I/We are excited to support ACA with a \$ \_\_\_\_\_ (amount at or above \$25,000) leadership gift over the course of \_\_\_\_\_ years (1, 3, or 5 years).

I would like to be reminded about this pledge \_\_\_\_\_ semiannually      \_\_\_\_\_ annually

Donor

Signature: \_\_\_\_\_

\_\_\_\_\_

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**Part E: Primary Contact** with whom you wish us to communicate in order to fulfill your wishes as advised:

Name

\_\_\_\_\_

Street Address

City/State/Zip

Phone Number

Email Address

Signature of Acorn Applicant

\_\_\_\_\_

Signature of Acorn Applicant

\_\_\_\_\_

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This form will be updated every few years and will remain in the Acorn Society's confidential files.

Please Return This Form To

American Camp Association • Acorn Society • 5000 State Road 67 N, Martinsville IN 46151-7902 • 800-428-2267