

american **CAMP** association®

Acorn Society Member Information

Name(s): _____

Address: _____

Street or P. O. Box

City

State/Zip Code

Phone Number: _____ E-mail: _____

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

____ A Will. An amount to be paid upon the death of _____ or the death of both listed above. (Complete Part A)

____ Life Estate

____ We have named ACA as a beneficiary of a life insurance policy. (Complete Part B)

____ Outright gift of \$25,000 or more to the ACA Endowment Fund.

____ Charitable Remainder Trust ____ Charitable Lead Trust

ACA is a ____ direct, ____ contingent, ____ successor beneficiary.

Part A: If you have made a gift to ACA in your Will, please complete the following:

Executor: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Name of attorney who drew up the Will: _____

Address: _____ Phone #: _____

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 non-payment of the premium.

____ I am using a renewable "Term Policy"

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

Please return this form to: American Camp Association

Attn: Acorn Society
5000 State Road 67 North
Martinsville IN 46151-7902

(Signature)

(Signature)

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

Name/Address: _____