

**Acorn Society Member Information**

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

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

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

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

- Making a **gift** of \$25,000 or more to the ACA Endowment Fund. (See Part A).
- Named ACA as a beneficiary of a **life insurance policy**. (See Part B).
- Named ACA in my **will**. Amount is to be paid upon the death of one or both listed above. (See Part C).
- Named ACA in my **life estate** (See Parts C & D).
- Named ACA in my **charitable remainder trust**. (See Part D).
- Named ACA in my **charitable lead trust** (Please see Part D).
  - ACA is a \_\_\_ Direct \_\_\_ Contingent \_\_\_ Successor Beneficiary

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**Part A:** I/we are excited to support ACA with a gift in the amount of \$\_\_\_\_\_ in the form of:

- Check enclosed (Please make checks payable to American Camp Association).
- Credit card — Please contact Andrea Stearley at 765-349-3305.
- Pledge in the amount of \$\_\_\_\_\_ annually.  
I would like to be reminded about this commitment \_\_\_\_\_semiannually \_\_\_\_\_annually
- Stocks, Bonds, Securities — Please contact Andrea Stearley at [astearley@ACAcamps.org](mailto:astearley@ACAcamps.org) for arrangements.

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**Part B:** If you named ACA in a **life insurance policy**, please complete the following:

My insurance company name \_\_\_\_\_

Agency contact information \_\_\_\_\_

My policy number \_\_\_\_\_

- Y/N  The policy is a paid-up policy.
- Y/N  I am making premium payments on a regular basis. The policy cannot be canceled for reasons other than nonpayment of the premium.
- Y/N  I am using a renewable term policy.

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**Part C:** If you have made a gift to ACA in your **will**, please complete the following

Executor Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Attorney who drew up the will \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Suggested beneficiaries to be included in your will:

To donate to the Kruger Endowment Fund, list American Camping Foundation, Kruger Endowment fund as your beneficiary.

To donate to the Annual Fund, list American Camp Association, Annual Fund as your beneficiary.

Please include a copy of the applicable section of your will with your Acorn application.

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**Part D: Primary** Contact with whom you wish ACA to communicate in order to fulfill your wishes regarding your life estate or charitable remainder trust:

Contact's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

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Signature of Acorn Applicant

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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 Form To  
American Camp Association  
Acorn Society – Andrea Stearley  
5000 State Road 67 N,  
Martinsville IN 46151-7902  
Phone: 800-428-2267 Fax: 765-349-0301