MAKE SPACE for TOMORROW

Capital Campaign for the U.S. Space & Rocket Center

U.S. SPACE & ROCKET CENTER EDUCATION FOUNDATION

Planned Gift Designation Form

As evidence of my/our desire to provide future support to the U.S. Space & Rocket Center Education Foundation (USSRCEF), I/we hereby inform the USSRCEF that I/we have made a provision for a gift to the USSRCEF in my/our estate plans. I/we understand that the commitment is revocable and can be modified by me/us at any time.

Donor(s) Legal Name(s): _____

_____

Method of Bequest (please check)

❏ Bequest in Will ❏ Insurance Policy Beneficiary ❏ Retirement Plan ❏ Other: _____

Amount of Bequest (optional) Percentage of estate _____% or amount $_____

Use this Gift as Follows (please check)

❏ To benefit education program
❏ Where the need is greatest
❏ Museum Endowment
❏ To benefit artifacts
❏ To be determined at a later date
❏ Endowed Scholarship (minimum applies)

Please enroll me/us in the USSRCEF Legacy Society under the following conditions:

❏ Publish my/our name(s) among your list of the USSRCEF Legacy Society members as a motivation for others to leave a planned gift to benefit The U.S. Space & Rocket Center ***(the amount is <u>not</u> published).***

How you would like to be recognized in the USSRCEF Legacy Society:

_____

❏ Do not list my/our names in external publications or memorials (anonymous gift).

Signature of Donor: _____ **Date:** _____

❏ **Confirm Donor Contact**

Email: _____
Phone: _____
Address: _____
City: _____
State: _____ Zip: _____

❏ **Please Update**

Email: _____
Phone: _____
Address: _____
City: _____
State: _____ Zip: _____

Family Point of Contact

Name: _____ Email: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Insurance Company Name

Name: _____ Contract # _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____ Phone: _____

Brokerage Firm Name

Name: _____ Point of Contact: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____ Phone: _____

Estate Planner Name / Attorney Name

Name: _____ Email: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____