THE LEGACY SOCIETY

Confidential Membership Form

NAME		
PHONE	EMAIL	
ADDRESS		
CITY/STATE/ZIPCODE		
DATE OF BIRTH	(optional)	

I acknowledge with pleasure that I have provided for the *Bulletin* in the following way:

- **Gift through Will or Living Trust**
- □ Life Insurance Policy, Individual Retirement Account (IRA), or other instrument designating the *Bulletin of the Atomic Scientists* 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 *Bulletin of the Atomic Scientists*
- □ My gift is intended to support _______ at the *Bulletin of Atomic Scientists*.
- □ I would like my name to appear on any honor roll or annual report as:
- □ I prefer to remain anonymous.

Signature	
Name (print)	

Date			

Please return completed form to: *Bulletin of the Atomic Scientists* PO Box 15461 Chicago, IL 60615-5146

Note: The purpose of this form is to provide information to the Bulletin of the Atomic Scientists*. It does not create a legal obligation*.

If you have any questions, please contact Colleen McElligott, Chief Advancement Officer at cmcelligott@thebulletin.org or call (773) 834-2308.