



Acorn Society Member Information

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

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

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

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

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

- Check enclosed (Please make checks payable to American Camping Foundation).
- 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 for arrangements.

Part B: If you named ACF in a life insurance policy, please enclose a copy of the policy and 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 premium.
- Y/N  I am using a renewable term policy.

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**Part C:** If you have made a gift to ACF 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 \_\_\_\_\_

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Suggested beneficiary to be included in your will:

To donate to the Kruger Endowment Fund, list American Camping Foundation, Kruger Endowment 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 ACF 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 Member

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Signature of Acorn Member

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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