

I've Named the Museum in My Financial or Estate Plans



Print this form and return it to:
Auburn Cord Duesenberg
Automobile Museum
Mail to: P.O. Box 271,
Auburn, IN 46706

Name: _____

E-mail: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Signature: _____ Date: _____

PLEASE CHECK ONE OR MORE OF THE FOLLOWING:

_____ WILL/LIVING TRUST - CIRCLE ALL THAT APPLY

_____ RETIREMENT PLAN

_____ GIFT ANNUITY/CHARITABLE REMAINDER TRUST/LEAD TRUST -CIRCLE ALL THAT APPLY

_____ LIFE INSURANCE POLICY, DESIGNATING ACDAM AS A BENEFICIARY

_____ AUTOMOBILE(S) THAT ACDAM HAS AGREED TO ACCEPT

_____ OTHER ESTATE PLAN PROVISION -PLEASE SPECIFY ON THE LINE BELOW

Recognition (Please Check One)

_____ I-WE WOULD PREFER TO BE RECOGNIZED AS A MEMBER OR MEMBERS OF THE LEGACY CIRCLE IN THE MUSEUM'S ANNUAL LISTING OF DONORS, INCLUDING THE LEGACY CIRCLE WALL.

_____ I-WE PREFER TO REMAIN ANONYMOUS.

Donor Information

NAME: _____

IF YOU WISH TO BE RECOGNIZED, YOUR NAME(S) WILL BE LISTED AS PRINTED HERE

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-Mail: _____

If you have further questions regarding the Legacy Circle or for additional information on planned giving, please contact, info@automobilemuseum.org or call 260-925-1444.
All inquiries are confidential and without obligation. Thank you for your support!