

Ben Rude Heritage Society Enrollment Form

Contributor Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Your Name</i>	<i>Email</i>	<i>Phone</i>
<input type="text"/>		
<i>Mailing Address</i>		

Gift Information

I/We have arranged a legacy gift for the benefit of the IWMF through my/our:

- IRA retirement-plan or life insurance beneficiary designation Will
 Revocable Trust

Other (please specify):

This gift is to be used for the following purpose:

- IWMF's greatest need Research Fund
 Member Services Dr. Kyle Endowment Fund

Other (please specify):

The approximate value of my gift is estimated to be \$. I/we understand that my/our estate is not legally bound by this statement of gift value.

This gift will be received by IWMF after the life of:

- The first donor The surviving donor/spouse

Other (please specify):

If you would prefer not to be listed in our publications, please let us know here:

Signature

X _____
Signature *Date Signed*

X _____
Signature *Date Signed*

For help or questions, please contact Newton Guerin at nguerin@iwmf.com or 703-986-3549 or 540-308-1231. This form may be returned via mail to our business office at 6144 Clark Center Ave., Sarasota, FL 34238.