

LEGACY COUNCIL MEMBERSHIP INFORMATION FORM

THE RONALD REAGAN LEGACY COUNCIL recognizes those who have included The Ronald Reagan Presidential Foundation and Institute in their estate plans through charitable bequests, trusts, beneficiary designations, insurance, or other forms of deferred giving.

If you have included The Ronald Reagan Presidential Foundation and Institute in your plans, please complete and return this form. All information will remain confidential. There is no cost or obligation for membership in The Ronald Reagan Legacy Council, and membership in no way deprives you of your right to change your plans at some future date.

Choose One:				
☐ I/We prefer to remain	n <i>anonymous</i> .			
☐ I/We give permission	to be listed in publica	ations with	members of The R	onald Reagan Legacy Council.
Name(s) (as you would li	ke it to appear)			
Address:				
City:			State _	Zip
Home Phone		Bus	iness Phone	
E-mail address				☐ I do not own/use a computer.
Date of Birth			Spouse's Date of	of Birth
My gift will be by:				
☐ Will or Living Trust	Charitable Gift	Annuity	Life Estate	☐ Charitable Remainder Trust
Retirement Plan	Life Insurance	Othe	r (please specify) _	
To assist The Reagan Fou	ındation with its plans	s, I estimat	e the current value	of this gift to be: \$
I am willing to provide effectuates this gift.	=		stitute with a copy	of the legal document that
Gift designation (optiona	l):			
Signature				Date
Please return to:	HP STEE		d Reagan President	ial Foundation and Institute

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