

rosenwald society

ROSENWALD SOCIETY ENROLLMENT FORM

As an expression of my/our commitment to the mission of the Museum of Science and Industry, located at 5700 S. DuSable Lake Shore Drive, Chicago, Illinois,

I/we have made provisions to support the Museum through my/our estate plan through:

- A bequest in my/our will or trust
- A gift naming the Museum as beneficiary of insurance policy
- A gift naming the Museum as beneficiary of IRA or qualified retirement plan
- Other _____

Amount (optional) _____

- I/we wish to keep our gift anonymous.
- I/we give permission to list my/our names as Rosenwald Society members with the understanding that the amount and type of arrangement will remain confidential.

Donor Name(s) _____

Name(s) as you want to be recognized (middle initial, maiden name, Jr., etc.). _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Email Address _____

Signature 1 _____ Date _____

Signature 2 (if applicable) _____ Date _____

Please list the name of a professional advisor or family member we may contact with follow-up questions.

Name _____ Phone _____ Email _____

This document is used to ensure proper stewardship of your philanthropic gift. We are grateful for the opportunity to honor your legacy and for your support of the Museum of Science and Industry.