

Eagle Legacy Circle Membership

Delaware Zoological Society

PERSONAL INFORMATION

Full Name: _____
First M.I. Last

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

LEGACY SOCIETY RECOGNITION PREFERENCE

- The Delaware Zoological Society may include my/our name in the Eagle Legacy Circle listings, in the publication *Brandywine Zoo News* or other appropriate areas. (Neither amount nor designation, if provided, will be included on the listing.) Please list me /us as follows:

- Please include me/us in the Eagle Legacy Circle program. However, I/we prefer to remain anonymous. Please do not include my/our name in the Legacy Society listings.

Please tell us, in confidence, more about your estate provision (OPTIONAL)

I/we would like my/our estate gift to be used for the following purpose:

Undesignated; to be used for the greatest need at the Brandywine Zoo

Designated for:

Capital Projects Education Other: _____

I/we have named the Delaware Zoological Society as a beneficiary of my:

Will/Trust for:

Life Insurance Policy

a specified amount

IRA or Retirement Plan

a specified percentage

Other (please specify): _____

(Optional) Estimated current value: _____ as of (date): _____

***All information provided on this form will be treated as strictly confidential and is not considered a legal or financial obligation.*

---FLIP---

Eagle Legacy Circle Membership Delaware Zoological Society

Please tell us more about you and your involvement with the Brandywine Zoo

Please tell us how you first became involved with the Brandywine Zoo and Delaware Zoological Society:

Please tell us what areas of the Brandywine Zoo are most important to you:

Please share with us why you decided to leave your legacy with the Brandywine Zoo:

Would you be willing to share your story with others via publication (*Brandywine Zoo News*, Newsletters, Website, or other applicable materials):

Yes No

If Yes, would you be willing to have your photograph taken for our publication?

Yes No

Signature(s) _____ Date _____

Signature(s) _____ Date _____

Thank you once again for becoming a member of our Legacy Society!

Please mail the completed form to:

Michael T. Allen, Executive Director, 1001 North Park Drive Wilmington, DE 19802
mallen@brandywinezoo.org, (302) 571-7788 ext 206