



Legacy Society

Confidential Membership Acceptance Form

I/We wish to be recognized with membership in the **Legacy Society** and would like to join with other members to ensure the continued growth of **Atlanta-Fulton County Zoo, Inc. dba Zoo Atlanta**.

NAME(s) _____ TELEPHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

I have provided for the future of **Zoo Atlanta** in the following manner:

- Bequest through will or trust
- Bequest of retirement plan assets
- Charitable lead trust
- Attached please find a copy of the page or paragraph that describes my future gift provision.
- Gift of life insurance
- Charitable remainder trust
- Other _____

The estimated current dollar value of my gift is \$ _____ (optional)

My gift is to be used as follows: _____

If designation is not specified, estate gifts will go towards our endowment fund at the discretion of the Zoo Atlanta Board of Directors and management.

Please list my name (and/or my spouse's name) in all **Legacy Society** directories in the following manner: _____

- You have my permission to include my name in published lists recognizing **Legacy Society** members such as on the Zoo's in-park donor recognition kiosk and in the Annual Report.
- You have my permission to use my name in external published articles (publications, newsletters, website) describing my gift and its positive impact on the future of **Zoo Atlanta**.
- I prefer that you do not include my name in published lists recognizing **Legacy Society** members. Please consider me an anonymous donor.

Signature

Signature

Date of Birth

Date of Birth

E-mail address

E-mail address

When designating Zoo Atlanta in your estate plan, **please use our legal name "Atlanta-Fulton County Zoo, Inc. dba Zoo Atlanta**. IRS Tax ID 58-1655184. Return form to Zoo Atlanta; Attn: Advancement Department; 800 Cherokee Ave, S.E. Atlanta, GA 30315 or contact Cressie Lewis at clewis@zoatlanta.org or 404.624.5820.