USS HORNET SEA, AIR & SPACE MUSEUM PLEDGE FORM

Name:			
Address:	City:	State:	Zip:
Phone:			
Email:			
Spouse or Family Member:			
I PLEDGE to provide support fror	n my estate plan foi	the mission and goa	lls of the USS Hornet
Sea, Air & Space Museum with o	ne or more of the fo	llowing planned gifts:	(check all that apply)
Bequest (will or livin	g trust)	Life Insurance P	Policy
IRA (or other retirem	nent plan)	Other	
The estimated value of this gift is	s \$		
The intended use of this gift is to Air& Space Museum) by support			on (dba USS Hornet Se
General operations i Educational Prograr		anization's mission ar	nd goals.
Veterans Programs			
Preservation and Re	storation		
Other		(please specify a	specific program)
I would like to be recognized	d. Please include me	e, without disclosure o	of amount, in USS
Hornet Museum's materials, bot	h in print and online	. I would like to be list	ed as:
Name (Please Print)			
I would like this gift to rema	in anonymous. Plea	se do not list my nam	ne in USS Hornet
Museum's materials and only ac	•	•	

The USS Hornet Museum uses this form to ensure that we comply with your personal intentions and to help us plan for the future of our organization. Your donor records are highly confidential and protected by organizational policy. Our Federal Tax ID number is: 94-3226801. Please return this completed form by email to donations@uss-hornet.org or print and mail to

USS Hornet Sea, Air & Space Museum ATTN: Institutional Advancement PO Box 460 Alameda, CA 94501

