USS HORNET SEA, AIR & SPACE MUSEUM PLEDGE FORM

Name:			
Address:	City:	State:	Zip:
Phone:			
Email:			
Spouse or Family Member:			
I PLEDGE to provide support	from my estate plan f	or the mission and goa	als of the USS Hornet
Sea, Air & Space Museum wit	h one or more of the t	following planned gifts	: (check all that apply)
Bequest (will or living trust)		Life Insurance Policy	
IRA (or other retirement plan)		Other	
The estimated value of this gi	ift is \$		
3			
The intended use of this gift is			on (dba USS Hornet Se
Air& Space Museum) by supp	orting: (check all tha	t apply)	
General operation	ns in achieving the or	ganization's mission ar	nd goals.
Educational Proc	-	garnzation o mioorom ar	ia godio.
Veterans Prograr			
Preservation and			
Other		(please specify a	specific program)
I would like to be recogn	ized. Please include n	ne without disclosure	of amount in USS
Hornet Museum's materials, I			
N (D) D (1)			
Name (<i>Please Print)</i>			
I would like this gift to re	main anonymous. Ple	ease do not list mv nan	ne in USS Hornet
Museum's materials and only	•	•	

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

