



Special Operations Warrior Foundation

Eagle Claw Society

Enrollment Form

As a supporter of the mission of the Special Operations Warrior Foundation, I accept membership in the *Eagle Claw Society*. I have arranged my estate gift as:

- a bequest in my will or living trust
- a beneficiary of my life insurance
- a beneficiary of my IRA, 401(k), bank account or investment account
- a beneficiary in a charitable gift annuity
- a beneficiary in a charitable remainder trust
- Other _____

I understand that I will remain a member of the *Eagle Claw Society* as long my gift plan remains in place. I will notify the Special Operations Warrior Foundation if I change my plans.

- This gift is designated for the Endowment Fund

The approximate value of this gift is \$ _____ (optional)

Signature: _____ Date: _____

PERSONAL INFORMATION

Name(s): _____
(As you wish it to appear on the Eagle Claw Society Honor Roll)

Preferred Mailing Address:

- You may list my/our name(s) on the Honor Roll
- Do not list my/our name(s)

Telephone: Day _____ Evening _____

Email address _____

Please contact me by: Mail Email Phone

My/our birthday(s) _____

I am interested in: Foundation Events Golf Tournaments Volunteering
 Estate Planning Information

Please return to: Special Operations Warrior Foundation
PO Box 89367 Tampa, FL 33689
Or fax to: 813-805-0567

Thank You!