

Share Your Plans With Us

Please let us know if you have included Shumla in your estate plans or other planned gift, as such gifts entitle you to membership in the **Shumla Legacy Society**.

Name(s)	Birthday(s)
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Street Address City, State ZIP

Phone Number(s)	Email
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1) I/we have made a provision to leave a gift to Shumla through my/our:

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="radio"/> Wills <input type="radio"/> Individual Retirement Accounts (IRAs) <input type="radio"/> Savings or Checking Accounts <input type="radio"/> Money Market Accounts <input type="radio"/> Stocks | <ul style="list-style-type: none"> <input type="radio"/> Bonds <input type="radio"/> Mutual Funds <input type="radio"/> Life Insurance Policies <input type="radio"/> Other _____ |
|---|---|

My/Our best estimate of the current value of the future gift:

- My/Our bequest is stated as a percentage and is worth approximately \$ _____
- My/Our bequest is in the specific amount of \$ _____

2) Help us serve you by letting us know your recognition preferences:

Please acknowledge me/us as a member(s) of **Shumla's Legacy Society** as follows:

- I/we **wish to be** acknowledged publicly for this gift during my/our lifetime(s).
- I/we **wish to be** acknowledged publicly for this gift after my/our death(s).
- I/we **do not wish** to be acknowledged publicly for this gift during my/our lifetime(s).
- I/we **do not wish** to be acknowledged publicly for this gift after my/our death(s).

Date	Signature	Signature
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Return this form and any other documents you wish to share:

By mail:

By email: legacy@shumla.org

Emil Zuberbueler, Legacy Giving Coordinator

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