



Name _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Preferred Method of Contact: ___ Phone ___ Email ___ Mail

As a Little Society member, I will:

- Include the museum in my will or living trust. (Please be sure to include Discovery Center's Federal ID (62-1273308) and legal name (Children's Museum Corporation of Rutherford County))
- Establish a life-income plan or trust agreement with Discovery Center as the beneficiary.
- Establish an insurance policy naming the museum as owner and beneficiary or just beneficiary.
- Donate any RMD from a retirement account.
- Donate any assets passing by beneficiary account.
- Make a gift of \$1,000 or more to the Field Trip Endowment Fund.
- Make the following provisions for Discovery Center (please describe):

Please list my/our name for publication as: _____

- I would like to remain anonymous in any and all publications.
- I would like additional information on planned giving.

Mail to: Discovery Center, 502 SE Broad Street, Murfreesboro, TN 37130

For Questions, contact Lindsey Jennings at (615)890-2300 or ljennings@exploredc.org

Discovery Center at Murfree Spring | 502 SE Broad Street, Murfreesboro, TN 37130 | www.exploredc.org