



**Dr. John A. Gable
Theodore Roosevelt Association
Legacy Society**

CONFIDENTIAL MEMBERSHIP ENROLLMENT FORM

The Theodore Roosevelt Association honors every planned gift donor with membership in the Dr. John A. Gable TRA Legacy Society. Members will be listed in every issue of the *Theodore Roosevelt Association Journal*, beginning with the Fall 2017 edition.

NAME _____

ADDRESS _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

I have included the Theodore Roosevelt Association in my estate plan.
(ENTIRELY OPTIONAL) My TRA allocation is for the following amount:

Check one:

Please list my name on the membership roster as:

I prefer to remain anonymous.

The Theodore Roosevelt Association understands that estate plans sometimes change. Enrolling in the Dr. John A. Gable TRA Legacy Society does not entail any permanent obligation on the part of the enrollee.

SIGNATURE _____

DATE _____

Please mail to: Theodore Roosevelt Association, P.O. Box 719, Oyster Bay, NY 11771.

OFFICE: **Theodore Roosevelt Association**
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