

# ***R Orin Cornett Legacy Society Membership Enrollment Form***

\_\_\_\_ **Please enroll me as a member of the *R Orin Cornett Legacy Society*.**

\_\_\_\_ I have included the National Cued Speech Association in my will or trust.

I have named the National Cued Speech Association as a beneficiary of an insurance policy, a retirement fund, a pension fund or a bank account.

I have made a life income gift naming National Cued Speech Association as the remainder beneficiary in a:

Charitable Gift Annuity

Charitable Remainder Trust

Gift Description: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

You may ( ) may not ( ) use my name in ***R Orin Cornett Legacy Society*** listings.

My Attorney's Name (optional) \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

***Thank you for your support! This membership enrollment is revocable and nonbinding.***

**Please mail this form to:**

National Cued Speech Association  
5619 McLean Drive  
Bethesda, MD 20814

**For more information, in confidence, please contact:**

Amy Ruberl, Executive Director  
800.459.3529 or [aruberl@cuedspeech.org](mailto:aruberl@cuedspeech.org)