

# Legacy Society Enrollment Registration Form

Thank you for your decision to include us in your estate plans. Please complete this form to enroll in the Legacy Society. This form can be printed and filled out by hand or typed before printing.

## Personal Information

Full Name:

Spouse / Partner Name (if joint enrollment):

Street Address:

City:

State / Province:

Zip / Postal Code:

Phone Number:

Email Address:

Date of Birth (MM/DD/YYYY):

## Legacy Gift Details

Please share the details of your legacy gift. This information is kept strictly confidential and helps us plan for the future.

Type of Legacy Gift (e.g., Will, Trust, Retirement Account, Life Insurance, Beneficiary Designation):

Estimated Value of Gift (Optional):

Specific Purpose or Designation (e.g., Unrestricted, Specific Program):

## Recognition Preferences

How would you like your name(s) to appear on our Legacy Society membership roster? (Type "Anonymous" if you prefer no public recognition):

## Confirmation and Signature

Please sign and date below to confirm your enrollment in the Legacy Society. We understand that estate plans are personal and can be changed at any time.

Signature (or typed name if digital):

Date (MM/DD/YYYY):