

**Franklin Legacy Society**  
**Membership Application Form**

---

Print Your Name(s): \_\_\_\_\_  
*(Print Your Name as you want it to appear on the Recognition Wall)*

Preferred Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth of Applicant: \_\_\_\_\_ Date of Birth of Spouse: \_\_\_\_\_

If applicable, please indicate: \_\_\_\_\_  
*(Lodge or Chapter Affiliation)*

Location: \_\_\_\_\_ State: \_\_\_\_\_

Indicate the Masonic Charity(ies) you have included a provision for:

- Masonic Villages \_\_\_\_\_
- Masonic Children's Home
- Bleiler Caring Cottage
- Pennsylvania Masonic Youth Foundation
- The Masonic Library and Museum of Pennsylvania

Indicate the nature of your provision:

- Will
- Charitable Gift Annuity
- Charitable Lead Trust
- Living Trust
- Charitable Remainder Trust
- Life Insurance Policy
- Retirement Plan
- Other: \_\_\_\_\_

Indicate your recognition preference:

- You may include my/our name(s) in the *Annual Report* for the Masonic Charities and in the *The Pennsylvania Freemason* and on the Franklin Legacy Society recognition wall.
- I/we prefer to remain anonymous.

Indicate your interest in receiving the Woodmax Book Clock:  Yes  No

---

**Thank you for completing the form. Please forward form to:**

**Masonic Village at Elizabethtown – Masonic Charities Office of Gift Planning**  
**One Masonic Drive**  
**Elizabethtown, PA 17022-2199**  
**Toll Free #: 1.800.599.6454**  
**Fax #: 717.361.5070**