

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
- Masonic Blood+Organ Fund

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