

Franklin Legacy Society

MEMBERSHIP APPLICATION FORM

Print Your Name(s): _____
(Print your name(s) as you want it to appear on the Recognition Wall)

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: (____) _____ Work: (____) _____

Email Address: _____

Date of Birth of Applicant: _____ Date of Birth of Spouse: _____

If applicable, please indicate: _____
(Masonic Lodge or Chapter Affiliation)

Location: _____ State: _____

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

- ☐ Masonic Village _____ (specify location or fund)
- ☐ Masonic Library and Museum of Pennsylvania
- ☐ Pennsylvania Masonic Youth Foundation
- ☐ Masonic Children's Home
- ☐ Masonic Blood+Organ Donor Program

Indicate the nature of your provision:

- | | |
|--|---|
| <input type="checkbox"/> Will | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Charitable Gift Annuity | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> Charitable Lead Trust | <input type="checkbox"/> Retirement Plan |
| <input type="checkbox"/> Living Trust | Other: _____ |

Indicate your recognition preference:

- ☐ You may include my/our name(s) in publications and on the Franklin Legacy Society recognition wall.
- ☐ I/we prefer to remain anonymous.

Indicate your interest in receiving the Franklin Legacy Society gift set: ☐ Yes ☐ No

Thank you for completing the form. Please send this form to:

Masonic Charities
Office of Mission Advancement & Development
One Masonic Drive
Elizabethtown, PA 17022
1-800-599-6454
MasonicCharitiesPa.org
Giving@MasonicCharitiesPa.org

