

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:

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

