



The Bishops' Legacy Fellowship

Enrollment Form

CONFIDENTIAL

Thank you for remembering your church in your will or estate plan. Your generosity will help ensure the future of our church in Western Massachusetts.

The Bishops' Legacy Fellowship is one of the ways we can spread the ministry of legacy giving to other church members. Please complete this form and return it to the address provided.

Name: _____

(Print your name(s) as you wish it added to the Fellowship list.)

Street: _____

City, State, Zip: _____

Parish: _____

Town of Parish: _____

Telephone: _____

E-Mail: _____

(over)



I have already made a Legacy Gift to:

- My local parish church.
 - The Diocese of Western Massachusetts.
 - Another Episcopal ministry:
-

This gift has been made through the following means:

- A bequest in my will.
 - A life income gift (please specify):
-

- A life insurance policy.
 - A retirement account (please specify):
-

Other (please specify):

I grant permission to be listed as indicated on the front side of this card as a member of The Bishops' Legacy Fellowship to encourage others to consider a similar act of stewardship.

I prefer not to have my name so listed at this time.

Signature: _____

Date: _____

Mail to:

E. John White, Missioner for Legacy Stewardship
Diocese of Western Massachusetts
37 Chestnut Street, Springfield, MA 01103