MEMBERSHIP FORM

YES, please include me as a member of the ESU Legacy Society.

Name(s): ____________________________________________________________

Please list my/our name(s) as:

____________________________________________________________________

☐ I/we have already included the ESU in our estate plans and would like to be
listed as members.

☐ I/we have already included the ESU in my/our estate plans but would like to
remain anonymous.

OPTIONAL REQUEST: Please write a brief paragraph about why you
included the ESU in your estate plan so we can share it in our publications:

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THANK YOU.

Please return this form by mail, fax or PDF email to:
Kevin Simmonds, Development Officer
Email: ksimmonds@esuus.org  Fax: 212-867-4177