

MEMBERSHIP FORM

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

Name(s):
Please list my/our name(s) as:
$\hfill \square$ 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:
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