

Fall River Society Membership Form

Yes! I/we would like to inspire legacy giving to Estes Valley nonprofits by becoming members of the Fall River Society.

		ave named or our esta		of the Estes Valle	/ Legacy mem	ber nonp	orofits as a b	eneficiary in
	I/We have named the following Estes Valley Legacy member nonprofits as a beneficiary in plant for our estate. Please keep my/our names confidential in sharing this information.							ciary in plans
	1.							
	2.							
	3.							
	for our	estate. Yo	ou may share o	g Estes Valley Lega our names with th	ese members	•		ciary in plans
	1.							
	2.							
	3.							
Printed N	Name/s							
Address				City		State	Zip	
Email				Phone				
Signature	 e					Date		
Signature	e					Date		