VESPERS SOCIETY MEMBERSHIP

make a child's future your legacy through MY INFORMATION Spouse/Partner:_____ Full Name: HomeAddress: City:______ State:_____ Zip:_____ Preferred Phone (OHome OCell OWork):_____ ______Date of Birth:_____ We would like to recognize you as a member of Coniston's Vespers Society. How would you like your name/s listed? Please DO NOT include our name(s) in published lists recognizing the Vespers Society members. Gift in Honor/Memory:____ MY BEOUEST Coniston's Vespers Society membership does not require disclosure of the information asked below. However, we ask for this information in order to document and steward your gift, as well as to offer counsel if appropriate. All information is considered confidential. I/We have provided for the future of YMCA Camp Coniston in the following manner: O Gift of life insurance policy O Bequest through will or trust O Charitable gift annuity O IRA/retirement plan beneficiary designation O Charitable remainder trust The estimated current dollar value of my gift is \$__ NOTE: A dollar value of your planned gift will be credited to your cumulative gift recognition. My gift is to be used as follows: _____

Date

Signature