PLANNED GIVING SOCIETY · CONFIDENTIAL MEMBERSHIP ACCEPTANCE FORM

THE LONG GAME SOCIETY

I/We wish to be recognized with membership in The Long Game Society and would like to join with other members to ensure the continued growth of Capitol Squash.

1 YOUR INFORMATION

NAME

PHONE

ADDRESS

Note: The Long Game Society membership does not require disclosure of the information asked below. However, we ask for this information in order to document and steward your planned gift, as well as to offer counsel if appropriate. All information will be kept strictly confidential.

2 YOUR GIFT

I/We have provided for the future of Capitol Squash in the following manner:

- ☐ Bequest through will or trust
- ☐ Charitable gift annuity
- ☐ Charitable remainder trust
- ☐ Charitable lead trust
- ☐ Gift of life insurance
- ☐ Bequest of retirement plan assets
- ☐ Remainder interest in residence or farm
- ☐ Other:
- ☐ Attached please find a copy of the page or paragraph from the will or trust bequest, beneficiary designation form for life insurance, or retirement plan that describes my gift provision.

THE ESTIMATED CURRENT DOLLAR VALUE OF MY GIFT IS

$

3 RECOGNITION

PLEASE LIST MY NAME (AND/OR SPOUSE'S NAME) FOR THE LONG GAME SOCIETY AS FOLLOWS

- ○ **Yes** – You have my/our permission to include my/our name(s) in published lists (publications, newsletters, and website) recognizing Long Game Society members.
- ○ **No** – You do not have my/our permission to include my/our name(s) in published lists (publications, newsletters, and website) recognizing Long Game Society members.

4 SIGNATURES

MEMBER

SIGNATURE

DATE SIGNED

DATE OF BIRTH

E-MAIL ADDRESS

SPOUSE / PARTNER (IF APPLICABLE)

SIGNATURE

DATE SIGNED

DATE OF BIRTH

E-MAIL ADDRESS

PLEASE SEND THIS COMPLETED FORM TO

Executive Director Meg Taylor at meg.taylor@capitolsquash.org
or Capitol Squash, 300 Summit St. Box 702611, Hartford, CT 06106

ARE YOU IN IT FOR THE LONG GAME?