



FRIENDS OF
WILLIAMSBURG
REGIONAL
LIBRARY FOUNDATION

Bisland Legacy Society Membership Form

I am pleased to inform you that the *Friends of Williamsburg Regional Library Foundation* is a beneficiary of my/our estate plans.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Please check one:

The library may include my (and if applicable, my spouse's) name in the **Bisland Legacy Society** listings

Please list me/us as follows: _____

I/we prefer to remain anonymous. Please do not include my/our name(s) in the **Bisland Legacy Society** listings.

The Following Information is Optional:

I have named the Friends of Williamsburg Regional Library Foundation as a beneficiary of my:

Will or Revocable Living Trust

IRA or other retirement plan

Life insurance policy

Other (please specify) _____

This bequest is Unrestricted Designated for _____

I would like information about designating my bequest

Please return this form to: Dr. Benjamin Goldberg, CFRE, Library Development Officer
77770 Croaker Road
Williamsburg, VA 23188