



## 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  
7770 Croaker Road  
Williamsburg, VA 23188