

For the Boys.

**Tower Society Confidential Membership Form**

Please fill out and submit this online Confidential Membership Form so that we may welcome you into The Kiski School Tower Society.

Top of Form

|  |  |
| --- | --- |
| Name(s): |  |
| Date of Birth: |  |
| Date of Birth (Spouse): |  |
| Street Address: |  |
| City/State/Zip: |  |
| Country: |  |
| Telephone: |  |
| E-Mail: |  |

|  |  |
| --- | --- |
| **Please choose one:** | |
|  | I/we authorize Kiski to include my/our name(s) on the membership list of *The Tower Society* in official publications and on public recognition devices. I/we understand that this authorization is limited to the use of my/our names(s) only, and that the type and amount of my/our gift will remain strictly confidential. I/we wish to be listed as follows: |
|  | I/we prefer to be listed as “Anonymous”. |

**Please tell us, in confidence, more about your estate provision for Kiski.**

**I/We have named The Kiski School as a beneficiary of my/our:**

|  |  |
| --- | --- |
|  | Will/Trust |
|  | IRA or Retirement Plan |
|  | Life Insurance Policy |
|  | Charitable Remainder Trust |
|  | Other (please specify): |

**This provision is stated as a:**

|  |  |  |
| --- | --- | --- |
|  | Specific dollar amount ($): |  |
|  | Percentage of estate/account (%): |  |

If based on a percentage, please estimate the current  
value of your commitment to Kiski ($): 

**My/our gift is:**

|  |  |  |
| --- | --- | --- |
|  | Unrestricted | |
|  | Designated for: |  |
|  |  |  |
|  |  |  |
|  |  |  |

Bottom of FormSIGNATURE #1

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE #2