



# The Bishops' Legacy Fellowship

## Enrollment Form

### **CONFIDENTIAL**

Thank you for remembering your church in your will or estate plan. Your generosity will help ensure the future of our church in Western Massachusetts. The Bishops' Legacy Fellowship is one of the ways we can spread the ministry of legacy giving to other church members. Please complete this form and return it to the address provided.

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Name

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Street

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City, State, Zip

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Parish

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Town of Parish

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Telephone

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E-Mail

(over)

I have already made a legacy gift to:

- My local parish church, listed above
- The Diocese of Western Massachusetts

Another Episcopal ministry:

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This gift has been made through the following means:

- A bequest in my will.
  - A life income gift (please specify):
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- A life insurance policy.
  - A retirement account (please specify):
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Other (please specify):

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I grant permission to be listed as a member of The Bishops' Legacy Fellowship as a means of encouraging others to consider a similar act of stewardship.

I prefer not to have my name so listed at this time.

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Signature

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Date

Mail to:

**Diocese of Western Massachusetts**  
**37 Chestnut Street, Springfield, MA 01103**