



# ENROLLMENT FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

- I have included Scottish Rite Charities in my will or estate plan.
- Please send me information on creating or updating my will and including Scottish Rite Charities as a beneficiary.
- Please send me information on making Scottish Rite Charities a beneficiary of my retirement account.
- Please call me. I am interested in learning more about a gift that can provide me with income for life.

PLEASE MAIL TO:

**SCOTTISH RITE CHARITIES  
POST OFFICE BOX 519  
LEXINGTON, MA 02420**