



## Cypress Society Membership Form

I am/we are pleased to include the Wolf River Conservancy in my/our estate plans and become a member of the Conservancy's Cypress Society.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

You may include my/our name(s) in public recognition as a member of the Cypress Society. Please print how you would like your name(s) to appear:

Name(s) \_\_\_\_\_

I/we wish to be anonymous.

I/we would like my/our estate gift to be used for the following purpose:

Undesignated for area of greatest need

Designated for \_\_\_\_\_

*The following two questions are optional*

1. My/our estate gift is in the form of a:

Bequest

Real estate

Life income gift

Charitable remainder trust

Life insurance policy

Qualified retirement plan/IRA

Other \_\_\_\_\_

2. The approximate amount of my/our estate gift to the Wolf River Conservancy is

\$ \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

*Mail completed form to Wolf River Conservancy, P. O. Box 11031, Memphis, TN 38111. For more information, please contact Barbara Kabakoff, Chief Development Officer, at 901-452-6500 x. 110 or [barbara.kabakoff@wolfriver.org](mailto:barbara.kabakoff@wolfriver.org).*