

THE PRISCILLA WHITE SOCIETY ENROLLMENT FORM

The Priscilla White Society honors individuals who have named Joslin Diabetes Center in their will, trust, retirement or other estate plan. It also honors supporters who have established a Charitable Gift Annuity, Charitable Remainder Trust or other life-income gift with Joslin as a beneficiary.

Type of Gift: I am pleased to become a member of *The Priscilla White Society*. I have included Joslin Diabetes Center in my estate plan in one or more of the following ways:

- Charitable Bequest in a Will or Trust
 - Percentage____%, Residual____%, Specific Amount:
\$ _____
- Retirement Plan
- Life Insurance Policy
- Charitable Remainder Trust
- Charitable Lead Trust
- Charitable Gift Annuity
- Other: _____

Purpose of Gift:

- Unrestricted (to be used where needed most)
- Restricted to the following area: _____
- I have attached a copy of the relevant portion of my will, trust or other planned giving document.

Estimate of Gift: Joslin recognizes that values are subject to change and this estimate does not constitute a legally binding agreement.

- Approximate value or amount of gift: \$ _____

Recognition of Gift:

- I am happy to have my name listed as a member of *The Priscilla White Society*. My name should appear as follows (please include your spouse if you would like):

Name(s): _____

- Thank you, but I (we) wish to remain Anonymous. Please do not include my name on any listings of the *Society*.

Name

Address

City, State, Zip _____
Phone

E-Mail Address _____
Date(s) of Birth

Signature _____
Date

Please return Enrollment Form to:

**Thomas R. Giddens | Phone: 617.309.2563 | Fax: 617.309.2692 |
Thomas.Giddens@joslin.harvard.edu
Joslin Diabetes Center | One Joslin Place | Boston, MA 02215
www.joslin.org**