

**THE EPHRAIM WILLIAMS SOCIETY
MEMBERSHIP APPLICATION**

Name(s): _____ Class _____
Street Address: _____
City: _____ State: _____ Zip: _____
Tel: _____ Fax: _____ e-mail: _____

I have included Williams as a beneficiary of my:

- Will or revocable trust
- Charitable remainder trust
- Charitable lead trust
- Retirement plan
 - Primary beneficiary
 - Secondary beneficiary
 - Contingent beneficiary
- Life insurance policy
 - Primary beneficiary
 - Secondary beneficiary
 - Contingent beneficiary
- Mutual Fund
- Other (please specify) _____

Williams will receive this gift:

- Upon my death
- Upon the death of the surviving spouse
- Other (please specify) _____

Future use of funds:

If/when this gift is received by Williams it is my wish that Williams use these funds for the following purpose(s):

- Restricted for the following preferred purpose: _____
- Unrestricted (supports general operations)

If, in the future years, circumstances have changed so significantly that it is no longer practical to use my gift in this manner, the Trustees of Williams College may use the gift for other purposes which, in their opinion, most closely fit my intent.

The Ephraim Williams Society: This gift qualifies you for membership in The Ephraim Williams Society

- Please list me as a member of The Ephraim Williams Society
My name as it should appear in print: _____
- I wish to be an ANONYMOUS member of The Ephraim Williams Society
- I do not wish to be a member of The Ephraim Williams Society

Please return to:

Office of Gift Planning, 75 Park Street, Williamstown, MA 01267, (413) 597-3538 or fax to: (413) 597-4039