## **Kneisel Hall Encore Society Membership Information**

Thank you for including a gift to Kneisel Hall in your legacy plan.

Please complete and return this form.

Name:	
Address:	
Email:	
Phone:	
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☐ I/we would	I like to be recognized as:
☐ I/we prefe	to remain anonymous.
I/we have crea	ated the following type of gift, ex. will/retirement beneficiary, etc. <i>(optional)</i> :
Signature: _	