FRANKLIN FOOD PANTRY

I/we would like to enroll in The Pantry's Circle of Light
by leaving a legacy gift in my/our estate plans
to ensure that no one goes hungry
in Franklin and the surrounding community in the future.

My/our name:

Street Address:

Town, State, Zip:

Phone:

Email Address:

☐ I/we give permission to The Pantry to include my/our names in a published list of Circle of Light Members.

Please indicate how you would like The Pantry to list your names:

_____

☐ I/we prefer our names to be kept confidential and anonymous publicly.

_____ Optional: Indicate the approximate value of the legacy gift I/we plan to leave

___0 Number of Circle of Light lapel pins (a small recognition pin)
___1
___2

Please return this form to our Development Director at the mailing address below or email it to: donations@franklinfoodpantry.org.

Thank you for your generosity!