The Walter Piston Society

CONFIDENTIAL MEMBERSHIP ENROLLMENT FORM

Name (please print):	Date of Birth:				
Name of Spouse:Date of Birth:					
Address:					
Telephone: Email	l:				
• •	ay Orchestra in my/our long term financial plans as m and wish to enroll in the Walter Piston Society.				
\Box Please include my/our name in the function of the second sec	ne Walter Piston Society membership lists.				
My/our name should be listed as:					
□ I/we wish to remain anonymous.					
Signature	Signature				
Date					

The Walter Piston Society honors those who have included the Boston Symphony Orchestra, Boston Pops, or Tanglewood in their long term plans. Members are offered a variety of benefits including invitations to special events, lectures, and seminars in Boston and at Tanglewood. Piston Society members are recognized in program books and the BSO's annual report.

The Walter Piston Society

The information disclosed in this form will be kept strictly confidential.

□ I/we have include	ed the Boston Sympho	ony Orchesti	ra, Inc. in my/o	ur will or revoca	able trust:	
□ A specific	bequest of <u>\$</u>					
□ A percenta	ige bequest of	%	Estimated value	e of BSO share: \$	<u> </u>	
	A contingent bequest of% Estimated value of BSO share: \$ Contingencies:					
\Box Other (ple	ase describe):					
□ I/we have named income arrangemen	the Boston Symphon t:	y Orchestra	, Inc. as a bene	ficiary of an irre	vocable trust or life-	
□ Charitable	Remainder Trust	BSO interes	st:%	Estimated valu	ıe: \$	
Date e	stablished:	Original val	lue: \$	Current value:	\$	
□ Charitable	Lead Trust	BSO interes	st:%	Estimated valu	ıe: \$	
Numbe	er of years:	-				
\Box Other (plea	ase describe):					
□ I/we have made t	the Boston Symphony	Orchestra,	Inc. the benefi	ciary of:		
\Box A life insur	rance policy	Face value:	\$	Cash value: \$_		
\Box A qualified	l retirement plan	BSO interes	st:%	Estimated valu	ıe: \$	
Primar	ry or Secondary Benefi	ciary (please	circle one)			
\Box Other:						
Designation of my/or	ur planned gift:					
□ Boston Symphony Orchestra □ Boston Pops □ Tanglewood						
	\Box Oth	er details or	restrictions, if a	ny (please descril	be):	
□ I/we have attache	ed a copy of the portio	n of my/our	planning docu	ment that perta	ins to the BSO.	
	hank you for choosing t Tanglewood or by your commitment a	Boston Pops	s in your future	plans.	ston Society.	
To return this for		none: 617-63	8-9274 fax: 61 Boston, MA 02	7-638-9266	nned Giving:	