



*E. O. Wilson Biophilia Center*  
*Legacy Society Membership*  
Statement of Support

I /We wish to announce as an indication of my/our support for a planned gift, that I /we have made a gift or estate provision to benefit Nokuse Education, Inc.

Bequest Through will or Trust

Stocks

Life Insurance Policy

Mutual Funds

Bequest of retirement plan assets

Other: \_\_\_\_\_

It is understood that estimated current dollar value of my contribution are subject to change, however the current estimated dollar value of my gift is \$\_\_\_\_\_

All information concerning the Legacy Society gift is considered confidential and is used only to track potential Legacy Society/planned gifts. It is understood that this is not a binding legal obligation upon the donor(s) or his or her estate.

A copy of the page in which the provision is acknowledged is attached or will be sent to Nokuse Education, Inc. when it is executed.

Name of Gift Should appear as: \_\_\_\_\_

Name of Donors: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of donor(s) \_\_\_\_\_ Date: \_\_\_\_\_

This Gift is unrestricted to be used in an area of greatest need.

Other, I have a specific purpose in mind that I would like to discuss with you.

I would like my gift to remain anonymous.

You have my/ our permission to include my/our name(s) in publications, such as newsletters, donor recognition plaque and website recognizing Legacy Society Member

Nokuse Education, Inc. Tax ID: 65-1290397

**Please return this form to: E.O. Wilson Biophilia Center, Attn: Cindy Eisaman**  
**4956 State Highway 20 East | Freeport, FL 32439-6038 | Office (850) 835-1824 | Fax (850) 835-2879**  
**or email to [ceisaman@eowilsoncenter.org](mailto:ceisaman@eowilsoncenter.org)**