

PLANNED GIVING FORM

Recognizing the value of Holy Wisdom Monastery as a community of ecumenical Benedictine communities, the undersigned donor(s) wish to support the Monastery by confirming a testamentary gift to the Benedictine Life Foundation of Wisconsin, Inc. (Federal ID# 39-1830847). The Foundation is a 501(c)(3) charitable organization dedicated to supporting the mission of the Monastery in "weaving prayer, hospitality, justice, and care for the earth into a shared way of life."

is

Name	//	Name		/_	
	Date of Birth City		Date of Birth State Zip		
Home Phone	Cell Phone	E-Mail			
It is my/our intention to Will	leave a legacy by naming the Benedic		Wisconsin, Inc. as Other		
_	g that values are subject to chang However, I/we will notify the Founda		•	ate gift to	the Foundation is
The details of your gift re	emain confidential.				
I/We would like our gift t	o be used:				
Wisdom Fund, v	vhere most needed	%			
Other			%		
I/We have / have not (ci	rcle one) included a photocopy of the	e section of my will/trus	t/retirement plan	that pertain	ns to this gift.
	oundation of Wisconsin appreciate who notify the Foundation they hav				
Please include n	ne / us in invitations to special gathe	rings for Benedict Socie	ty members		
Permission is given Benedict Society	ven to use my / our name in publicat /	ions, on the website and	d /or the digital do	onor as a me	ember of the
Please enroll me	e / us anonymously in the Benedict S	ociety			
Signature			_	Date	
Signature		.	_	 Date	
Please return to:	Benedictine Life Foundation 4200 County Road M Middleton, WI 53562	of Wisconsin, Inc.			

608-836-1631 Ext. 124