

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."

Please print Name/ Name	/
Date of Birth Address City / State	Date of Birth
Home Phone E-Mail	
t is my/our intention to leave a legacy by naming the Benedictine Life Foundation of \ Will Life Insurance Retirement Plan	Visconsin, Inc. as a beneficiary in my/our: Other
With the understanding that values are subject to change, the estimated values However, I/we will notify the Foundation if provisions are cha	
The details of your gift remain confidential.	
/We would like our gift to be used:	
Where most needed%	
The Ecumenical work of the Monastery%	
The Environmental work of the Monastery %	
The Oblate Fund%	
Other	%
/We have / have not (circle one) included a photocopy of the section of my will/trust	
The Benedictine Life Foundation of Wisconsin appreciates the opportunity to recognize All donors who notify the Foundation they have made a planned gift are considered m	
Please include me / us in invitations to special gatherings for Benedict Society	<i>y</i> members
Permission is given to use my / our name in publications, on the website and Benedict Society	/or the digital donor as a member of the
Please enroll me / us anonymously in the Benedict Society	
Signature	Date
Signature	Date
Please return to: Benedictine Life Foundation of Wisconsin, Inc.	

4200 County Road M Middleton, WI 53562