



Holy Wisdom Monastery

Your support makes our work possible

Your donations to the Benedictine Life Foundation of Wisconsin, Inc. (EIN 39-1830847) allow us to continue the sisters' mission, vision and ministries as a non-profit organization weaving prayer, hospitality, justice and care for the earth into a shared way of life. Holy Wisdom Monastery is the home of Benedictine Women of Madison, an ecumenical monastic community who seeks God through a life following the Gospel and the *Rule of Benedict*.

Enclosed is my/our gift of \$ _____

Apply my gift to:

- | | |
|--|--|
| <input type="checkbox"/> Wisdom Fund (where most needed) | <input type="checkbox"/> Benedictine Sojourners |
| <input type="checkbox"/> Prayer | <input type="checkbox"/> Novitiate |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Sunday Assembly |
| <input type="checkbox"/> Justice | <input type="checkbox"/> Oblates |
| <input type="checkbox"/> Care for the Earth | <input type="checkbox"/> Friends of Wisdom Prairie |

Other/Specific Fund: _____

Payment

- One-time gift, made fee-free by check (make payable to Benedictine Life Foundation)
- Monthly gift, made fee-free from your bank checking or savings (complete, sign, return form on pg. 2)
- Please charge my gift of \$ _____ to my credit card

Card Number _____ Exp. Date ____ / ____

Cardholder's Name (print) _____

Cardholder's Signature _____

Pledges

- I/we pledge \$ _____ each year for _____ years, for a total gift of \$ _____

Gift in Memory or Honor of a Loved One

My gift is in memory of / in honor of: Name: _____

Your contact information

Name(s) _____ Publish name(s) as: _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

- Send my acknowledgement receipt by email
- I would rather make a monthly donation from my bank account
- I prefer this gift to be anonymous
- I want more information on planned giving and joining the Benedict Society
- I want to give by stocks or bonds

Return this form to:

Benedictine Life Foundation • 4200 County Road M • Middleton WI 53562 • Fax: 608-836-5586
Questions? Contact 608-836-1631, x124 or blf@benedictinewomen.org



Holy Wisdom Monastery

Monthly Giving Authorization Agreement
Electronic Funds Transfer (EFT)

**used only for monthly giving*

Type of Authorization

- | | |
|---|--|
| <input type="checkbox"/> New Authorization | <input type="checkbox"/> Change Donation Amount |
| <input type="checkbox"/> Change Banking Information | <input type="checkbox"/> Discontinue Electronic Donation |

Amount of Monthly Donation \$ _____

Monthly Donation

Please start my monthly donations on this day of the month

- | | |
|---|--|
| <input type="checkbox"/> 1 st day of the month | <input type="checkbox"/> 15 th day of the month |
|---|--|

Please debit this donation from (check only one) Checking / Savings

Financial Institution Routing Number: _____

Account Number: _____

I authorize the Benedictine Life Foundation of Wisconsin, Inc. to debit entries to my account. I understand that this authority will remain in effect until I provide written notification to terminate the authorization.

Authorized Signature: _____ Date: _____

Authorized Name (print) _____

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