

Dzogchen Legacy Society Giving Form

$\hfill \square$ I/we have included the Dzogche	en Center & Foundati	on in my/our estate plans.			
Name(s):Address:					
			City:		
Country:		· · · · · · · · · · · · · · · · · · ·			
Email:	Phone:				
Date:					
Estate Contact (if applicable): Source of Gift: Will/Living Trust IRA/401k/Retirement Account Charitable Trust					
			□ Other (please specify):		
					
			Donor Recognition Choices:		
			☐ I/we wish to remain anonymou	S	
☐ I/we would like to be acknowle	dged as a member of	the Dzogchen Legacy Society			
with the following wording (name/s	3):				
Signature(s):		Date:			
Signaturo(c):		Data:			

Please return (email) this form to our director, Kathleen Albanese at <u>kathleen@dzogchen.org</u> or mail to the address below.

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