

Name(s) as you wish it to appear on the White Lotus Legacy Circle list:

Addres	ss:		
City:		State:	Zip Code:
Home	Phone:	_ Cell Phone:	
Email:			_
	ppreciate being in your estate plans. Please s) of your legacy gift. The amount of inform held in confidence by the	-	etely up to you, and will be
Please	let us know your wishes below: This gift is to be unrestricted and may be I/We wish to specify that this gift is used	-	eed is greatest.
	You may publish my/our name as a meml I/we prefer to remain anonymous. (If you anonymous, we will assume we may publ	u do not inform us of your ir	•
Signature:		Date:	
	you! Your personal legacy joins many othe ations through the work of the Society.	rs, past and present, to ligh	t the path for future
	E NOTE: This form is for information purpos uld appreciate hearing from you.	ses only and is not legally bi	nding. If your plans change,
Street,	return this form to: Theosophical Society , Wheaton, IL 60187 or email it to giving@ opher Dixon at (630) 668-1571 ext. 321 or g	theosophical.org. If you have	

.