

Lama Tsultrim Allione Legacy Circle Membership Form

I am pleased to accept membership in the Lama Tsultrim Allione Legacy Circle. I understand that membership is based on my intention to provide information about my future estate gift to Tara Mandala.

Member information:

Name	Birthdate
Address	
City	StateZip
Preferred Phone ()	_Email

Tara Mandala is pleased to honor your Lama Tsultrim Allione Legacy Circle membership in its publications. If you would prefer anonymity, please indicate below.

I prefer to be anonymous in publications, and accept the other benefits of membership.

Tara Mandala is included in or named as a beneficiary of my:

Will	Living Trust	Trust Agreement
Retirement Plan	Life Insurance Policy	Other:

I am still considering the type of gift that will work best and will inform you when it is confirmed. (We request that you confirm your type of estate gift within an 18-month time frame of joining the Legacy Circle)

To help ensure that Tara Mandala can fulfill your intentions when your gift is received, it is helpful for us to know the purpose of your gift and the approximate amount. Please indicate your preference below:

Unrestricted to provide maximum flexibility for Tara Mandala to pursue its mission.

I would like to explore options for dedicating this gift for a specific purpose or fund.

Additional comments: _____

Signature Date

For our records, it is helpful to receive a copy of the relevant portions of legal documents relating to your intended gift or a letter from your legal or financial advisor that describes the nature and purpose of the gift.

Please return this form to: giving@taramandala.org or Tara Mandala, Attn: Christine Fleming, PO Box 3040, Pagosa Springs, CO 81147.

Thank you for your extraordinary support of Tara Mandala!