

Memorial Gift Instructions

(Date)

Dear _____:
(Family/Next of Kin/Executor of Estate/Trustee/Personal Representative)

I have prepared a directive to guide you in the distribution of memorial gifts given in my honor at the time of my death. It is my desire that you distribute financial contributions given in my name among the following organizations:

The League of Women Voters of Dane County, WI, Inc.
720 Hill St., Suite 200
Madison, WI 53705-3539
608-232-9447
Tax ID 39-0892881

Other religious/charitable organization of my choice:
Name & address:

Other organization(s)/individuals:
Name & address:

Thank you for respecting my wishes regarding the distribution of these gifts.

These are the groups/organizations that I value and support and that I choose to receive memorial gifts at the time of my death. I am placing this statement in the file with other important documents that may include my living will, power of attorney, and power of attorney for health care.

Signed,

Signature

Print Name