

Confirmation of Your Legacy Gift

This form is to help you provide information about your legacy gift to Duke University. By sharing this information, you can help ensure that your gift will be used in accordance with your wishes. If this is a joint gift, please complete the spouse/partner fields and signature. *Required fields

*Name:	(If applicable) Spouse/Partner:
	Date of Birth:
*Address:	
	Email Address:
Duke Class:	Duke Class:
*Please describe your legacy gift. Select one of the	e following options:
Will Revocable "Living" Trust Re	etirement Account Other:
*How would you like Duke University to use your gi specific area or purpose)?	ift (for example, unrestricted use, financial aid, or a
Please provide an estimate of the current value of your legacy gift to Duke. All such information will be kept confidential. This estimate does not bind you or your estate in any way. Estimate:	
Heritage Society: Your legacy gift entitles you to be your name(s) listed with other society members. You certificate, will be invited to special events, and can expect the society members of the society members.	ecome a member of the Duke Heritage Society and have
*Select <u>one</u> of the following options:	
Yes, I/we would like to be listed as a member o	f the Duke Heritage Society.
Yes, I/we would like to be a member of the Duke	Heritage Society but list my/our gift as "Anonymous."
No, please do not include me/us in the Duke He	eritage Society.
*Signature:	*Date:
Spouse/Partner:	

This document does not bind you or your estate. By signing this form, you are simply acknowledging your current plans to benefit Duke in the future and giving us guidance as to your wishes.

Upon submission, a copy of this form will be emailed to you for signature confirmation. Please confirm your signature in order to submit the completed form to the Duke Office of Gift Planning.

Questions? Contact the Office of Gift Planning: (919) 681-0464 | giftplanning@duke.edu | giving.duke.edu