



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: _____ Date of Birth: _____

*Address: _____

*Email Address: _____ Email Address: _____

*Duke Class: _____ Duke Class: _____

*Please describe your legacy gift. Select one of the following options:

Will Revocable "Living" Trust Retirement Account Other:

*How would you like Duke University to use your gift (for example, unrestricted use, financial aid, or a specific area or purpose)?

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: _____

Duke Tower Society: Your legacy gift entitles you to become a member of the Duke Tower Society and have your name(s) listed with other society members. You will receive a Duke Tower Society certificate, will be invited to special events, and can elect to receive our quarterly Duke Blueprints e-newsletter.

*Select one of the following options:

- Yes, I/we would like to be listed as a member of the Duke Tower Society.
- Yes, I/we would like to be a member of the Duke Tower Society but list my/our gift as anonymous.
- No, please do not include me/us in the Duke Tower Society.

*Signature: _____ *Date: _____

Spouse/Partner: _____ Date: _____

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.

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