

CONFIRMATION OF YOUR LEGACY GIFT

This form provides an opportunity to share 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: | Spouse/Partner Date of Birth: |
| *Address: | |
| *Email Address: | Spouse/Partner Email: |
| *Duke Class: | Spouse/Partner Duke Class: |
| *Please describe your legacy gift. Select or | ne 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 v kept confidential. This estimate does not b | value of your legacy gift to Duke. All such information will be ind you or your estate in any way. |
| Estimate: | |
| • • • • • | s you to become a member of the Duke Tower Society and have you You will receive a Duke Tower Society certificate and invitations to our quarterly Duke Blueprints e-newsletter. |
| Yes, I/we would like to be listed as a me | mber of the Duke Tower Society. |
| Yes, I/we would like to be a member of t | he Duke Tower Society, but list my/our gift as "Anonymous." |
| No, please do not include me/us in the [| Duke Tower Society. |
| *Signature: | Spouse/Partner Signature: |
| *Date: | 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. You may revise this form at any time should your gift details change.

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