

This form is to help you provide information about your legacy gift to Duke Health.* By sharing this information, you can help ensure that your gift will be used in accordance with your wishes.

Name(s): _____ Class(es): _____

Address: _____

Date(s) of birth: _____

Email address: _____

Please describe your legacy gift (or attach a copy of documentation, if you prefer):

Will Revocable "Living" Trust Retirement Account Other:

How would you like Duke Health to use your gift? (e.g. unrestricted, a named scholarship, research, etc.)

Please provide an estimate of the current value of your legacy gift to Duke Health. All such information will be kept confidential. This estimate does not bind you or your estate in any way.

Estimate: _____

Duke Heritage Society: Your legacy gift entitles you to become a member of the Duke Heritage Society and have your name listed with other alumni and friends who have established a similar gift for Duke Health. You will receive a Duke Heritage Society lapel pin and certificate, will be invited to special events, and can elect to receive our quarterly Duke Blueprints e-newsletter.

Yes, I would like to be listed as a member of the Duke Heritage Society.

Yes, I would like to be a member of the Duke Heritage Society but list my gift as "Anonymous."

No, please do not include me in the Duke Heritage Society.

Signature

Signature

Date

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

Please mail this form to:

Duke Health Office of Gift Planning • 300 W. Morgan Street, Suite 1200 • Durham, NC 27701

Direct any questions to Ms. Terry Wiggins, 919-385-3115, or e-mail: giftplanning-dukehealth@duke.edu

*Before finalizing your will or trust, please contact us for sample language to review with your attorney.