

## Confirmation of Your Legacy Gift

This form is to help you provide information about your deferred gift to Trinity College of Arts & Sciences. 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 deferred gift	: (or attach a copy of docum	mentation, if you prefer):	
☐ Will ☐ Revocable "Living"	' Trust □ Retirement Ac	Account   Other:	
How would you like Trinity Colleg	e to use your gift? (e.g. unre	nrestricted, named scholarship, research, e	tc.)
•	confidential. This estimate d	erred gift to Trinity College of Arts & Science does not bind you or your estate in any w	
have your name listed with other	alumni and friends who have spel pin and certificate, will	e a member of the <i>Duke Heritage Society</i> an nave established a similar gift for Duke. You ill be invited to special events, and can elec	will
☐ Yes, I would like to be listed as ☐ Yes, I would like to be a member ☐ No, please do <i>not</i> include me in	er of the Duke Heritage Soc	ociety but list my gift as "Anonymous."	
Signature	Signature	Date	
<b>This document does not bind you or your estate.</b> 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.			

Please mail or email this form and direct any questions to:

Chris Clarke Senior Assistant Vice President, Trinity College and The Graduate School Box 90600 Durham, NC 27708

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