



## Legacy Society Membership

*\*\* Confidential membership acceptance form \*\**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

*NOTE: Legacy Membership does not require disclosure of the information asked below. We ask for this information so we may document and steward your gift, or to offer counsel if appropriate. All answers are confidential.*

### I/We have provided for the future of the Eno River in the following manner:

- |  |   |
|--|---|
| <input type="checkbox"/> Bequest through will or trust           | <input type="checkbox"/> Charitable gift annuity    |
| <input type="checkbox"/> Beneficiary of retirement plan / IRA    | <input type="checkbox"/> Charitable remainder trust |
| <input type="checkbox"/> Gift of life insurance                  | <input type="checkbox"/> Charitable lead trust      |
| <input type="checkbox"/> Remainder of interest in residence/farm | <input type="checkbox"/> Other _____                |
- I/we do not wish to share the details of my/our estate plans at this time

### Please ensure your beneficiary page has the following information:

Name: The Association for the Preservation of the Eno River Valley, Inc.  
Address: 4404 Guess Rd, Durham, NC 27712  
EIN: 56-1134204

The estimated current dollar value of my gift is \$ \_\_\_\_\_.

*Note: A dollar value of your planned gift will be credited to you for cumulative gift recognition.*

- Attached please find a copy of the page or paragraph from the will/trust bequest, beneficiary designation form for life insurance or retirement plan describing my gift.

My gift is to be used as follows: \_\_\_\_\_

### Please list my name (and/or my spouse's name) in the following manner:

\_\_\_\_\_

- Yes, you may include my/our name(s) in any lists recognizing Legacy Society members.  
Ex: Newsletters, website, Society events, donor recognition plaques, etc.
- I/We wish to remain anonymous in my/our lifetime       I/We wish to remain anonymous indefinitely

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth