



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:

Bequest through will or trust	Charitable gift annuity
Beneficiary of retirement plan / IRA	Charitable remainder trust
Gift of life insurance	Charitable lead trust
Remainder of interest in residence/farm	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