

KRETZMANN SOCIETY

2015 VOLUNTARY MEMBERSHIP SURVEY

University All information gathered here will be held in strict confidence. Under no circumstances will we share this knowledge with any other person or entity without your express consent. The University understands that the value of many deferred gifts fluctuates and may increase or decrease due to market conditions or other factors. Completing the following in no way obligates or legally binds you.

Plea	se	indicate your preference(s):	
		I/We would be pleased to be included in donor recognition and membership listings.	
		I/We prefer not to be listed, but will accept other benefits of membership.	
		I/We would like to share my/our "Valpo story" to inspire other Valpo friends.	
	 Na	me(s) (Please print)	
	Address		
	Cit	y State Zip	
		()	
	E-r	mail address(es) Phone No.	
	 Bir	th Date(s)	
		cords up-to-date, please indicate how you have made a planned gift to Valparaiso University. (Che ay as appropriate.)	èck
		I/We have named Valpo as a beneficiary in my will or trust to receive a percentage of my estate.	
		I/We have named Valpo as a beneficiary in my will or trust to receive a specific dollar amount.	
		I/We have established an income-producing deferred gift for the benefit of Valpo (e.g., charitable gift an	nuity
		or trust).	
		I/We have named Valpo as the beneficiary of a life insurance policy.	
		I/We have named Valpo as a beneficiary of a retirement plan (e.g. IRA, 401(k), or 403(b)).	
		Other:	_
	ade	cure viability of Valparaiso University will be advanced through planned gifts. Planning for the future e easier when we know what areas are designated for planned gifts. Please indicate how your gifted:	
		Unrestricted (directed at the time by Valpo's Board of Directors to area of greatest need)	
		Endowed Scholarship (please specify)	_
		Other Endowed Fund (please specify)	_
M y/	Ou	r approximate deferred gift to Valpo will be \$ Date:	