

KRETZMANN SOCIETY

2016 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.

Ple	ase	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:	Name(s) (Please print)		
	Add	Address		
	City State		Zip	
			()	
	E-mail address(es)		Phone No.	
	Birth Date(s)		_	
our	rec	ers often modify their gift plans to reflect changing pers ords up-to-date, please indicate how you have made a y as appropriate.)	•	
		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 <u>specific dollar amount</u> .			
	☐ I/We have established an income-producing deferred gift for the benefit of Valpo (e.g., charitable gift a			
		or trust).		
	☐ I/We have named Valpo as the beneficiary of a life insurance policy.			
	\square 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 to eeasier when we know what areas are designated for ped:	0.	
		Unrestricted (directed at the time by Valpo's Board of Direc	tors to area of greatest need)	
	☐ Endowed Scholarship (please specify)			
	□ Other Endowed Fund (please specify)			
My/		r approximate deferred gift to Valpo will be \$		