

KRETZMANN SOCIETY

VOLUNTARY MEMBERSHIP SURVEY

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.

Please 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. ☐ YES! I/We would like a personal phone call/visit from a Valpo representative to discuss my/our estate plan. Name(s) (Pleaseprint) Address City State Zip E-mail address(es) Birth Date(s) Members often modify their gift plans to reflect changing personal, family, and/or other interests. To keep our records up to date, please indicate how you have made a planned gift to Valparaiso University. (Check as many 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 specific dollar amount. ☐ I/We have established an income-producing deferred gift for the benefit of Valpo (e.g., charitable gift annuity 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: The future viability of Valparaiso University will be advanced through planned gifts. Planning for the future is made easier when we know what areas are designated for planned gifts. Please indicate how your gift is allocated: ☐ 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)

Date:

My/Our approximate deferred gift to Valpo will be \$______.