

FDU LEGACY GUILD – ENROLLMENT FORM

Name _____

Address _____

City _____

State _____ ZIP _____

Day Phone _____ Evening _____

E-mail address _____

I accept membership and enroll in the Legacy Guild. I qualify for membership on the following basis:

- I have included a bequest for Fairleigh Dickinson University in my Will or living trust.
- I have established a life income plan with Fairleigh Dickinson University or elsewhere designating the University as beneficiary.
- I have established a trust that pays income or will pay income to Fairleigh Dickinson University.
- I have contributed or will bequeath my residence to Fairleigh Dickinson University under a retained life estate gift plan or in my Will.
- I have named Fairleigh Dickinson University as a beneficiary of my retirement plan.
- I have made other estate provisions for Fairleigh Dickinson University (please describe):

Name (Please print)

Signature

Date

Please return this form to:
Delia G. Perez, CFRE
Director of Planned Giving
Fairleigh Dickinson University
1000 River Road (H-DH3-12)
Teaneck, New Jersey 07666