



FDU LEGACY GUILD - ENROLLMENT FORM

The Legacy Guild recognizes alumni and friends of the University who have either funded or structured a planned gift to benefit Fairleigh Dickinson University.

First Name: _____ Last Name: _____ Maiden Name: _____

FDU Affiliation: Alumnus/a (please enter your FDU graduation year(s): _____)

Friend FDU Faculty/Staff Other: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email 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):

Signature: _____

Date: _____

Please return this form to:
Fairleigh Dickinson University
University Advancement
ATTN: Delia G. Perez
1000 River Road, H-DH3-12
Teaneck, NJ 07666
Email: dgperetz@fdu.edu