



DELTA UPSILON

EDUCATIONAL FOUNDATION

The Heritage Society

CONFIDENTIAL PLANNED GIFT VERIFICATION

Donor Name _____ Donor Birthday _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

I/we prefer to be contact by ___ Phone ___ Email ___ Mail ___ Personal Visit

___ I/we would like to be named as member(s) of *The Heritage Society* and included on the plaque at the International Headquarters and in the *Quarterly* magazine.

___ I/we prefer to remain anonymous

We would be very grateful for the following information about your estate provisions. Though this information is not required for members in *The Heritage Society*, it will be of much value to Delta Upsilon for long term planning purposes.

Type of Gift

- Bequest Beneficiary – Insurance Policy Endowed Gift
 Charitable Gift Annuities Charitable Remainder Trusts Charitable Lead Trusts
 Other

Estimated Value _____

Terms of Gift _____

Comments _____



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Donor's Signature _____

*Although it is not necessary, we would appreciate a copy of the relevant document that mentions the Delta Upsilon Educational Foundation. Please mail this form along with other proper documentation to the Delta Upsilon Educational Foundation. Contributions Are Tax Deductible.
Federal Tax ID No. 35-1976226*