



INSTITUTIONAL ADVANCEMENT
NORTH CAROLINA CENTRAL UNIVERSITY
P.O. Box 19363 • Durham, NC 27707
PHONE: 919-530-7400 • FAX: 919-530-7675

In recognition of my/our strong belief and confidence in the work of North Carolina Central University (NCCU), I/We, _____, confirm that I/We have included a bequest or other planned gift to the NCCU Foundation Inc. I/We intend for the pledge agreement to be fully enforceable against my/our estate to the extent that the obligations has not been satisfied by gifts completed following the date of this agreement. I/We understand that all information listed on this application will be kept in strict confidence.

NAME _____ PHONE (Home/Cell) _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
EMAIL _____ DATE OF BIRTH _____
CLASS YEAR: _____

In an effort to help North Carolina Central University pursue its mission and also to encourage others to make this important gift, I am pleased to enroll as a member in the Chautauqua Legacy Society by confirming that I have made provisions for NCCU in my estate planning as follows:

- Outright bequest in my will to the NCCU Foundation Inc. \$ _____ or _____ %
- Provisions in the will of my survivor(s)
Survivor(s)' date(s) of birth: _____ \$ _____ or _____ %
- Life Insurance Policy
(With NCCU Foundation Inc. as Beneficiary) \$ _____ or _____ %
- Trust under my will
(NCCU Foundation Inc. as a Beneficiary) \$ _____ or _____ %
- Other _____ \$ _____ or _____ %

Please make me a member of The Chautauqua Legacy Society, whose members have designated bequests or other deferred charitable gift planning instruments to North Carolina Central University Foundation Inc. My signature below confirms the information provided on this form.

Signature _____ Date _____

Mail or fax the completed form to the address above, and include **Attn: Susan L. Hester**
Email: shester@nccu.edu • www.nccu.edu