



# Confirmation of Your Legacy Gift



This form is to help you provide information about your deferred gift to Family House to ensure that it will be used in accordance with your wishes. Please note that this document is not legally binding and if the information contained here is contradicted by your estate planning or gift document, the terms of the estate planning or gift document will govern.

**SECU Family House at UNC Hospitals Tax Identification Number is # 91-2108125**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please describe your deferred gift (or attach a copy of documentation, if you prefer):

Will  Revocable "Living" Trust  Retirement Account  Other:

By including us in your estate plan you will become a member of The Legacy Family.

Do you wish to remain anonymous?

Yes  No

\*Please note that if the answer here is inconsistent with your estate planning or gift document, the estate planning or gift document will govern

Please provide an estimate of the current value of your deferred gift to Family House. All such information will be kept confidential. This estimate does not bind you or your estate in any way.

Estimate: \_\_\_\_\_

Note where the proceeds of your planned gift should be placed:

\* please note that unrestricted gifts allow Family House the flexibility to apply your gift how we currently need it most

Legacy Endowment  Unrestricted Fund

Split between funds in this manner: \_\_\_\_\_% Legacy Endowment \_\_\_\_\_% Unrestricted Fund

Who would you like to receive reports on Family House and its progress after the planned gift is executed?

\_\_\_\_\_  
*(Name, Address, and Phone Number of person to receive reports)*

\_\_\_\_\_  
*Donor Signature*

\_\_\_\_\_  
*Co-Donor Signature*

\_\_\_\_\_  
*Date*

This document does not bind you or your estate. By signing this form, you are simply acknowledging your current plans to benefit Family House in the future and giving us guidance as to your wishes.

**Please mail this form to:** The Development Office at SECU Family House at UNC Hospitals  
123 Old Mason Farm Road, Chapel Hill, NC 27514

**Please direct questions to:** Kelly Thompson, Executive Director at (919) 932-8007 or [kelly@secufh.org](mailto:kelly@secufh.org)