



### Legacy Society Enrollment Form

In an effort to help the Multiple Sclerosis Association of America pursue its mission and to encourage others to make similar gifts, I/we wish to enroll as a member of the MSAA Legacy Society.

- I have already included the Multiple Sclerosis Association of America in my will/estate plan.
- I would like more information on how to include the Multiple Sclerosis Association of America in my will/estate plan.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I/We give permission for my/our name to be recognized in all listings of MSAA Legacy Society members.

- Yes, list my/our names in the following manner:

\_\_\_\_\_

- No, I/We wish to remain anonymous I/We want to support MSAA because:

\_\_\_\_\_

**NOTICE TO DONOR: All information provided will be kept in the strictest confidence. We will use this information for planning purposes only and as an indicator of your intentions. It is not a legally binding document or pledge.**

In an effort to follow your wishes for your gift, please provide us with the following information:

#### Gift Vehicle

I/We have designated the Multiple Sclerosis Association of America as a beneficiary of:

- |  |   |
|--|---|
| <input type="radio"/> Will Charitable            | <input type="radio"/> Qualified Retirement Plan |
| <input type="radio"/> Gift Annuity               | <input type="radio"/> Fund/Trust                |
| <input type="radio"/> Savings Account or CD      | <input type="radio"/> Life Insurance            |
| <input type="radio"/> Charitable Remainder Trust | <input type="radio"/> Other _____               |

**Value**

Approximate value of the gift \_\_\_\_\_

**Designation**

\$\_\_\_\_\_ or \_\_\_\_\_% unrestricted for the greatest need of MSAA

\$\_\_\_\_\_ or \_\_\_\_\_% restricted for the following use \_\_\_\_\_

\_\_\_\_\_  
\$\_\_\_\_\_ or \_\_\_\_\_% Other \_\_\_\_\_

**Professional Advisor**

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

Firm: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Family Liaison**

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

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO:**  
Multiple Sclerosis Association of America  
Attn: Donor Relations 375 Kings Highway,  
Suite B  
Cherry Hill, NJ 08034  
or [DonorRelations@mymsaa.org](mailto:DonorRelations@mymsaa.org)

**Questions may be directed to:**  
[DonorRelations@mymsaa.org](mailto:DonorRelations@mymsaa.org)  
(800) 532-7667, ext. 172

**Thank you for your support of the Multiple Sclerosis Association of America [Tax ID #22-1912812]**

