



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 in 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: _____

As a thank you for your membership, you may have the opportunity to participate in various special events and benefits available to MSAA Legacy Society members.

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:

- Will Charitable
- Savings Account or CD
- Qualified Retirement Plan
- Life Insurance
- Gift Annuity
- Charitable Remainder Trust
- Fund/Trust
- Other _____

Value

Approximate value of the gift _____

If possible, please attach a copy of the portion of your will or other documents which include the Multiple Sclerosis Association of America as a beneficiary.

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: Kevin McGuire 375 Kings Highway Cherry Hill, NJ 08034	Questions may be directed to: Kevin McGuire Manager of Development- Individual Giving kmcguire@mymsaa.org (800) 532-7667, ext. 146
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Thank you for your support of the Multiple Sclerosis Association of America [Tax ID #22-1912812]