Multiple Sclerosis Foundation Estate Intention Form

Thank you for your intention to include the Multiple Sclerosis Foundation in your estate plan. We ask that you kindly complete this form with as much detail as you are willing to share. Any information about your gift will remain confidential and does not create a binding obligation:

Name Spouse Name (if joint gift)			
			Address
City	State	Zip	
Phone Number	Email Address	Email Address	
Gift Information: I will provide a gift to MS Focus as s	set forth in my/our:		
Will or Trust	Retirement	Retirement Plan or Beneficiary Designation	
Life Insurance Policy	Other Asse	Other Asset(s) (please describe)	
Charitable Gift Annuity			
Charitable Remainder Trust			
MS Focus is a contingent benefi	ciary of the indicated ass	ets above (please explain)	
☐ My/Our gift is to be donated in it	s entirety, the current esti	mated value of which is \$	
☐ My/Our gift is% of	the asset indicated abo	ve. For the percentage given,	
the current estimated value is \$_	·		
		(Continued on reverse side	

National Headquarters: 6520 North Andrews Avenue, Fort Lauderdale, Florida 33309-2132 954-776-6805 • 800-225-6495 • Fax: 954-938-8708 • www.msfocus.org • Email: tracishur@msfocus.org The Multiple Sclerosis Foundation is recognized by the IRS as a 501(c)(3) organization. Contributions are tax-deductible to the fullest extent allowed by law. EIN 59-2792934

Gift Purpose:

Please tell us what specific program you would like your gift directed to:

lacksquare Direct my gift to the greatest need.	
Gift Recognition: I/We prefer no public recognition	Please list my/our names as follows:

We would appreciate you providing a copy of the page in your will or trust that articulates this gift and understand that this gift may change.

Signature_____ Spouse Signature (if joint)_____