

Multiple Sclerosis Association of America



Membership 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.

Name _____ Date of Birth _____

Phone _____ Email _____

Name _____ Date of Birth _____

Phone _____ Email _____

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 the usage of 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 Gift Annuity
 Savings Account or CD Charitable Remainder Trust
 Qualified Retirement plan Fund/trust
 Life Insurance 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:
directed to:**

**Office of Planned Giving
Multiple Sclerosis Association of America
375 Kings Highway North
Cherry Hill, NJ 08034**

Questions may be

Patricia McGowan
Donor Relations Coordinator
800.532.7667, ext. 110
pmcgowan@mysaa.org

Thank You for your support to the
Multiple Sclerosis Association of America
and long term commitment!