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## MS Legacy Giving Confidential Statement of Intent

### Contact Information

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

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

Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_  I give the MS Society permission to contact me by email

### Your Legacy

The nature of my/our legacy gift is as follows:

- My/our will contains a bequest of \$\_\_\_\_\_ or \_\_\_\_\_% of the residue of my/our estate
- I/we have named the MS Society of Canada as the:
  - Beneficiary of a (circle one) life insurance policy / RRSP / RRIF in the amount of \$\_\_\_\_\_
  - Owner and beneficiary of a life insurance policy in the amount of \$\_\_\_\_\_

### Gift Recognition

Welcome to the Evelyn Opal Society – a unique group of individuals who have all created a legacy to a future free from MS. We would love to recognize your generosity in our publications. *Please note that the nature and the amount of the gift will remain confidential.*

- I/we agree to be recognized as:  
 \_\_\_\_\_
- I/we prefer to remain anonymous

Kindly return this form by mail or fax to:  
 MS Society of Canada, Leadership Giving Office  
 700 – 175 Bloor St, East, North Tower  
 Toronto, ON M4W 3R8

f: 416. 922.7538  
 p: 416.922.6065