

MS LEGACY GIVING CONFIDENTIAL STATEMENT OF INTENT

Thank you so much for your commitment to creating a world free of MS. Through your gift, you join your legacy to the extraordinary research, community programs, and advocacy that are transforming what it means to live with MS – today, and in the years to come. By choosing to let us know about your gift, you're enabling MS Canada to better plan for the future. More importantly, it means we can thank you personally for your generosity! Rest assured that your name will never be published without your express consent, and you're never under any obligation.

Contact Information

Name(s):

Adduces.		City	
Address:		City:	
Province:	Postal Code:	Phone #:	
Email:			
☐ I give MS Canad	la permission to contact me by	email	
About Your Gift			
The nature of my/o	our gift to MS Canada is as foll	OWS:	
☐ My/our will con	tains a bequest of \$ or	% of the residue of my/	our estate
☐ I/we have name	d MS Canada as the:		
•	of a (circle one) life insurance beneficiary of a life insurance	· •	
	·		
ii you d like to sha	are, we'd love to know why you	i ve chosen ivis Canada.	

MS|SP Canada

THE EVELYN OPAL SOCIETY

As a caring donor, you are now a member of the Evelyn Opal Society – a special group of people who have all made a world free from MS a part of the legacy of their lives through gifts like yours. Welcome!

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	5.

If you have questions or comments, or you'd like to tell us more about your decision to include MS Canada in your estate planning, we invite you to contact Lauren Daab at (437) 290-8786, or call our toll-free number 1-800-268-7582, or by email at: mslegacy@mscanada.ca.

Kindly return this form by mail to:

MS Canada Attn: Legacy Giving 250 Dundas St W, Suite 500 Toronto, ON M5T 2Z5

Or by email to: mslegacy@mscanada.ca