Massachusetts Medical Society and Alliance Charitable Foundation

Legacy Gift Intention Form

Donor name(s): _____

Preferred mailing address: _____

Email: _____ Phone: _____

Preferred contact method: ☐ Email ☐ Mail ☐ Phone ☐ No routine contact

My/our gift is provided through: ☐ Will ☐ Trust ☐ Retirement account ☐ Life insurance
☐ Investment/bank account ☐ Other: _____

Intended use:

☐ Unrestricted/general charitable purposes

☐ Proposed restriction (describe): _____

Gift description (optional):

☐ Specific amount $_____ ☐ Percentage _____% ☐ Residue

☐ Asset/other: _____

Recognition preference:

☐ May be publicly recognized as: _____

☐ Anonymous

☐ Please contact me/us before any recognition

Next of Kin/Executor:

Name: _____

Mailing address: _____

Email: _____ Phone: _____

I/we understand that this statement reflects my/our current intention only. It is revocable, nonbinding, and does not create a legal obligation or an irrevocable charitable pledge. I/we may change or revoke it at any time. The Foundation may use the estimated information for confidential planning and stewardship but should not treat it as a completed contribution.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please return to: Massachusetts Medical Society and Alliance Charitable Foundation, 860 Winter Street, Waltham, MA 02451, or foundation@mms.org. Do not email documents containing Social Security numbers or full account numbers.