



# Solve M.E.

LEGACY LEAGUE

## Solve ME/CFS Initiative, Inc. Legacy League Gift Intent Form

1. How many members of your household are including Solve M.E. in their estate plan?

2. Contact Information:

a. First Household Member

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

3. Recognition: Please let us know how you would like to be listed as part of Solve M.E.'s Legacy League:

a. Prefer to remain anonymous

b. Prefer to be listed as \_\_\_\_\_

4. Gift Type:

a. Will Bequest

b. Life Insurance

c. Retirement Assets

d. Charitable Gift Annuity

e. Charitable Trust

f. Other \_\_\_\_\_

5. Optional: The approximate value of this planned gift is \_\_\_\_\_  
*Can be dollar value, percentage, or text.*

Please email supporting documentation to Solve M.E. Development Director Joe Komsky at [jkomsky@solvecfs.org](mailto:jkomsky@solvecfs.org).

6. Gift purpose:

a. This gift is to be unrestricted and may be used to support Solve M.E.'s highest priorities

b. This gift is to be used for the following purpose(s):

\_\_\_\_\_

Signature (please type your name)

\_\_\_\_\_

Date \_\_\_\_\_