



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. The approximate value of this planned gift is _____
Can be dollar value, percentage, or text.

Please email supporting documentation to Solve M.E. Director of Advancement Ilise Friedman at ifriedman@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 _____

Thank you for your kind gesture to leave Solve M.E./CFS Initiative in your estate plans.
Our Tax ID number is 56-1683450, and our address is:

Solve ME/CFS Initiative
350 N Glendale Avenue
Suite B #368
Glendale, CA 91206