



Jason Cone
Executive Director
Doctors Without Borders/ Médecins Sans Frontières USA, Inc.
40 Rector Street, 16th Floor
New York, NY 10006-1751

Dear Mr. Cone:

I am pleased to confirm that I intend, without being legally bound, to give, recommend, or cause to be given the sum of \$_____ (the "Gift") as an unrestricted gift to Doctors Without Borders/ Médecins Sans Frontières USA, Inc. Doctors Without Borders agrees to count toward the Gift all direct gifts, private foundation gifts, donor-advised fund gifts, or other gift identified by the donor organization or by me as having been made or recommended by me or at my request.

I intend to pay, recommend, or cause the Gift to be paid in cash or marketable securities according to the following schedule:

<u>Year</u>	<u>Month/s</u>	<u>Amount</u>
Year 1 (20__)	_____	\$_____
Year 2 (20__)	_____	\$_____
Year 3 (20__)	_____	\$_____
Year 4 (20__)	_____	\$_____
Year 5 (20__)	_____	\$_____

Sincerely,

Donor's Signature

Date

Please Print: Donor's Name

Please Print Donor's Address: Street, City, State, Zip Code