



Planned Gift Notification Form

Thank you for including Doctors Without Borders in your estate plans. When your plans are complete, please return this form to:

Lauren Ford
Doctors Without Borders USA
40 Rector Street, 16th Floor
New York, NY 10006

We will hold this information completely confidential. If you have any questions please contact Lauren at 212-763-5750 or lauren.ford@newyork.msf.org.

Name: _____

Address: _____

Phone number: _____ Email: _____

Date of Birth (optional): _____

Bequest amount or percentage: _____

Plan Type (will, trust, beneficiary designation, etc.): _____

You may enclose a copy if you wish.

We like to acknowledge our Legacy Society members by including their names in publications such as our annual report. Please let us know if you would like to be listed.

- Yes, I/we would like to be listed. My/our name(s) should appear as:

- No, I/we do not wish to be listed.

Please use this space to provide any additional information:

