



Tell Us About Your Gift

Confidential

Thank you for your generous bequest commitment to Masonic Medical Research Institute (MMRI)! Your legacy gift will help us plan for the future as we work to find cures to the world's most challenging diseases.

Please take the time to fill out this form so we can better understand your intentions. The information you provide is not legally binding and we understand that you may wish to change your bequest in the future.

Questions? Contact our philanthropy department at 315.624.7483 or email: development@mmri.edu.

Name(s): _____ Year(s) of Birth: _____

Address: _____

Phone: _____ Email: _____

You will receive occasional email updates from MMRI. We will not sell, rent or exchange your email address.

About Your Cornerstone Pledge

If you are willing to disclose more information about your bequest, please check all that apply and estimate the value of each in today's dollars.

- | | |
|---|--|
| <input type="checkbox"/> Will: \$ _____ | <input type="checkbox"/> Insurance Policy: \$ _____ |
| <input type="checkbox"/> Revocable Living Trust: \$ _____ | <input type="checkbox"/> Real Estate: \$ _____ |
| <input type="checkbox"/> Charitable Remainder Trust: \$ _____ | <input type="checkbox"/> Retirement Plan/IRA: \$ _____ |
| <input type="checkbox"/> Other Asset(s): \$ _____ | |

I would like my gift to go to:

- The Area of Greatest Need (unrestricted fund)**
- Cardiovascular Disease Research (including, but not limited to: heart disease, diabetes and thrombosis).
- Neurocognitive Disease Research (including, but not limited to: autism, Alzheimer's disease and PTSD)
- Autoimmune Disease Research (including, but not limited to: lupus, rheumatoid arthritis and psoriasis).

Additional Information

Is your gift contingent?: Yes No

If you checked yes, please explain: _____

How would you like to be recognized?

- I/We would like to be listed as (a) Cornerstone Society member(s), in MMRI publications.
- I/We wish to remain anonymous.

Signature(s): _____ Date: _____

Please return this form to:
Masonic Medical Research Institute
Philanthropy Office
2150 Bleecker Street
Utica, NY 13501