



FSH Society Legacy Circle Confidential Membership Form

The FSH Society Legacy Circle recognizes individuals who are committed to finding treatments and a cure for facioscapulohumeral muscular dystrophy by including the FSH Society in their estate plans.

Name(s): _____

Address: _____

Daytime Telephone: _____ E-mail: _____

____ I/We have named the FSH Society as the beneficiary of a planned gift

____ You may include my/our name(s) in FSH Society materials

____ I/We prefer that my/our gift intention remain anonymous

Optional: To help us with long-range planning, please complete the following and attach relevant language from your will/codicil or provide other documentation, such as a beneficiary designation form. Consult the sample language for bequests and beneficiary designations on the reverse of this form and/or contact us to discuss gifts directed toward specific purposes. We want to be sure we understand and can accommodate your wishes. Thank you.

This gift takes the form(s) of:

____ A bequest/trust for (check one): ____ a specified amount ____ a specified percentage

____ A remainder interest in a charitable trust

____ Designation of the FSH Society as a beneficiary or a contingent beneficiary of an Individual Retirement Account or other type of retirement plan

____ Designation of the FSH Society as a beneficiary or a contingent beneficiary of a life insurance policy

____ Other (please specify): _____

My/our gift is:

____ Unrestricted (for area of greatest need)

____ Intended for the following purpose: _____

____ In honor/memory of _____

The value of my/our gift is approximately \$ _____ as of (date) _____.

Signature

Date

Date of Birth

Signature

Date

Date of Birth

**Completion of this form is not legally binding, but is a good faith statement of intent.
The FSH Society, Inc. is a qualifying 501(c)(3) nonprofit organization.
Contributions are deductible as allowed by law.**

Sample Bequest Language

I give, devise, and bequeath to the FSH Society, Inc., a nonprofit organization organized under the laws of the District of Columbia, having EIN 52-1762747, or its successor-in-interest, (the sum of \$ _____) (the following asset) (___ percent of my adjusted gross estate) or (the rest, residue, and remainder of my estate) for its unrestricted use and purpose.

NOTE: If you intend to direct your bequest toward a specific purpose, it is strongly advised that you and/or your advisor contact a staff member of the FSH Society before the will or trust is finalized to assure that your wishes can be carried out.

Sample Beneficiary Designation Language

Individuals may also make a gift to benefit the FSH Society through a beneficiary designation on a life insurance policy, retirement plan, savings account, or certificate of deposit. It is suggested *the FSH Society, Inc., a nonprofit organization organized under the laws of the District of Columbia, having EIN 52-1762747, or its successor-in-interest,* be designated as the beneficiary for these types of gifts.

Exact Legal Name: Facioscapulohumeral Society, Inc. [FSH Society, Inc.]

Address of Principal Office: 450 Bedford Street, Lexington, MA, 02420 USA

State of Incorporation: The District of Columbia

Tax Identification No: 52-1762747

Contact Person: June Kinoshita, Executive Director
Phone: (781) 301-6060
Fax: (781) 862-1116
Email: june.kinoshita@fshsociety.org
Internet: www.fshsociety.org

The information on this form is not intended as legal, tax, or investment advice. Please consult an attorney, tax professional, or investment professional for such advice.