

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 Stephen F. Izzo of our philanthropy department at 315-624-7483 or email: [stephenizzo@mmri.edu](mailto:stephenizzo@mmri.edu). You may also reach our development team at any time at: [development@mmri.edu](mailto: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