



Multiyear Giving Intent Form

Statement of Intention

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 gifts 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 schedule below.

Signature

Date

Multiyear Gift Schedule

<u>Year</u>	<u>Month/s</u>	<u>Amount</u>
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Donor Details

Name
(Please print)

Donor Advised Fund
(If applicable)

Email

Phone Number

Address
(Street, City, Zip Code)
