

Thank you for supporting health care in your community through your Planned Gift.



William Osler Health System Foundation (Osler Foundation) is honoured you are creating a gift in your will in support of health care in your community. Thank you for wanting your family, friends and community to be well cared for in the future.

Bequests & Planned Giving—Statement of Intent

I/We confirm the following planned gift to William Osler Health System Foundation:

Bequest in my/our will(s) in the amount of \$ _____ or _____ % of the residue
Beneficiary of a life insurance policy with a value of \$ _____
Beneficiary of _____ % of my RRIF/RRSP proceeds.

The above planned gift(s) are in honour/memory of:

Gift Information

The gift is: _____ to be endowed _____ expendable

The use of this gift is **UNRESTRICTED** in support of the highest priority needs of the Foundation.

The use of this gift is **RESTRICTED**, to be used for the following Unit or Program of the Foundation (example: Cancer care):

Osler Legacy Circle

When you make a future gift to Osler, you will become part of an exceptional group of people who have chosen to be remembered for their commitment to ensuring a healthier community for generations to come. **Osler Legacy Circle** members are invited to join us for special events and educational seminars.

I/We accept the Foundation's invitation to be a member of Osler Legacy Circle

I/We accept membership but wish to remain anonymous

I/We wish to be listing on the recognition wall. Please list my/our name as:

Please sign and date

Name:

Date of Birth:

Name of Spouse:

Date of Birth:

Address:

City:

Province:

Postal Code:

Phone:

Email:

Signature:

Date:

Signature of Spouse:

Date:

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Please note that this document is for information only and is not a legally binding commitment. Information exchanged will be held in strictest confidence.