

LEGACY GIFT CONFIRMATION FORM

The Niagara Health Foundation deeply appreciates your intention to make a legacy gift that will support our vision of building a healthier Niagara. Understanding your wishes and intentions is important for us to ensure they are fulfilled in the future.

If you have made (or intend to make) a future gift to Niagara Health Foundation, please take a moment to complete this confidential form and return it to us so that we may know your generous intent.

| Personal Information: | | |
|---|------------|---|
| ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss. ☐ Dr. ☐ Other | Date | of Birth (dd/mm/yyyy): |
| Full Name: | | |
| Full Address: | | |
| Telephone Number: | Email: | |
| ☐ Niagara Health Foundation has been named in ☐ I intend to include Niagara Health Foundation | • | |
| I/we confirm the following legacy gift to Niaga | ara Health | Foundation: |
| ☐ Gift in my Will in the amount of \$ ☐ Gift of a Life Insurance policy with value of \$ ☐ Gift of% of my RRSP/RRIF proce ☐ Other: ☐ P | eeds | |
| I/we would like the legacy gift to benefit (mor | | |
| □ Emergency and Urgent Care□ Cancer Care□ Mental Health and Addictions□ Women and□ Other | | , |
| With your permission, we may include your nathealth Foundation Legacy Society supporters | | uture materials showing the impact of our Niagara |
| \square Yes! I/we would like my name(s) to appear as f \square No, thank you, I/we wish to remain anonymou | | |
| Donor's Signature: | | Date: |
| Joint Donor's Signature: | | Date: |
| Would you be interested in sharing your story Foundation to inspire others? | on why yo | ou have chosen to leave a legacy gift to Niagara Health |
| \square Yes, feel free to be in touch | | \square No, not at this time |
| Please return this completed form by email or | mail: | |
| Email : Franca.Palummieri@niagarahealth.on.ca Mail : A postage-paid envelope has been include | | r convenience |

Should you have any questions, please contact Franca Palummieri via email at Franca.Palummieri@niagarahealth.on.ca or by phone at 289-241-8756

Niagara Health Foundation encourages all donors who are planning a legacy gift to seek independent legal and/or financial planning advice. This document is meant to share your charitable intent to support Niagara Health and is not legally binding.