



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 my Will

☐ I intend to include Niagara Health Foundation in my Will

I/we confirm the following legacy gift to Niagara Health Foundation:

☐ Gift in my Will in the amount of \$_____ or _____% of the residue of my estate

☐ Gift of a Life Insurance policy with value of \$_____

☐ Gift of _____% of my RRSP/RRIF proceeds

☐ Other: _____ ☐ Prefer not to share the details at this time

I/we would like the legacy gift to benefit (more than one may be selected):

☐ Emergency and Urgent Care ☐ Cancer Care ☐ Cardiac Care ☐ Kidney Care ☐ Stroke Care ☐ Surgery

☐ Mental Health and Addiction ☐ Women and Babies ☐ Children Health Unit ☐ South Niagara Hospital

☐ Other _____

With your permission, we may include your name(s) in future materials showing the impact of our Niagara Health Foundation Legacy Society supporters.

☐ Yes! I/we would like my name(s) to appear as follows: _____

☐ No, thank you, I/we wish to remain anonymous

Donor's Signature: _____ Date: _____

Joint Donor's Signature: _____ Date: _____

Would you be interested in sharing your story on why you have chosen to leave a legacy gift to Niagara Health Foundation to inspire others?

☐ Yes, feel free to be in touch

☐ No, not at this time

Please return this completed form by email to Franca.Palummieri@niagarahealth.on.ca

**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.