

# LEGACY CIRCLE MEMBERSHIP FORM

## Thank you for your future gift commitment to Scarborough Health Network (SHN) Foundation.

Donors who confirm a future gift are invited to join our Legacy Circle.

### Circle members are entitled to:

- ✓ Recognition on the Foundation website and the new legacy donor wall (to be created in 2022), with naming of your choice
- ✓ Invitation to the exclusive annual Legacy Circle appreciation event
- ✓ Receive special communications from SHN Foundation

**I/We confirm the following legacy gift to Scarborough Health Network 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 \$  or  % of my RRIF/RRSP proceeds

**I/We intend to leave a legacy gift to Scarborough Health Network Foundation when updating my/our Will(s) in the next three to six months.**

We encourage you to choose your recognition preferences on the form below. You have the option to remain anonymous in terms of public recognition while still receiving invitations to events and our communications. The choice is yours.

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

The name(s) on any listings should read as follows:

My/Our legacy gift(s) are in honour of:

**I/We accept membership, but wish to remain anonymous in terms of public recognition.**

### Please provide the following information:

Name:  MR  MRS  MS  MISS  DR

Name of spouse (if applicable):  MR  MRS  MS  MISS  DR

Address:  City:

Province:  Country:  Postal Code:

Phone Number:  Email:

Your birthday (dd/mm/yyyy):  Spouse's birthday (if applicable) (dd/mm/yyyy):

**Future Use of Your Legacy:**

**Area of Greatest Need:**

You are encouraged to choose this option because it offers the most flexibility and allows us to deploy the fund to where the need is the greatest when the gift is received.

**Patient Care:**

Scarborough Health Network is committed to providing the best health care possible to our community and is renowned for programs such as cardiac care, diabetes and dialysis, cancer care, and emergency medicine.

If you feel strongly about designating your legacy to a specific department or any of the three hospitals – General, Centenary and Birchmount hospitals, please contact **Verna Chen** via email at [vchen@shn.ca](mailto:vchen@shn.ca) or by phone at 416-438-2911 ext. 6040 or cell at 416-219-5789.

**We'd be honoured to learn something about you and your connections to Scarborough Health Network.**

Signature:  Date:

Spouse signature (if applicable):  Date:

**Please return by mail or email:**

**Verna Chen**

Associate Vice President, Donor Engagement

Phone: 416-438-2911 ext. 6040 • Cell: 416-219-5789 • Email: [vchen@shn.ca](mailto:vchen@shn.ca)