



LEGACY GIFT CONFIRMATION FORM

Thank you for including Scarborough Health Network (SHN) Foundation in your estate plans. Whether you've provided a gift in your Will, or designated SHN Foundation as a beneficiary of a life insurance policy or retirements funds, it is a thoughtful way to invest in the future of health care in the Scarborough community and beyond. We invite you to join the Legacy Circle which was formed to acknowledge the many friends and supporters who will contribute to better healthcare, modern facilities, and leading-edge equipment long after they are gone.

CIRCLE MEMBERS ARE ENTITLED TO:

- ✓ Recognition as a Legacy Circle member in Foundation publications
- ✓ Invitation to the annual Legacy Circle appreciation event
- ✓ Receive special communications from SHN Foundation

I confirm the following legacy gift to Scarborough Health Network Foundation (Optional):

- Bequest in my will 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

I intend to leave a legacy gift to Scarborough Health Network Foundation when updating my Will.

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 accept Legacy Circle membership and consent to have my name listed as:

I accept Legacy Circle 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): _____

