



# BEQUEST CONFIRMATION FORM

Timmins and District Hospital Foundation is grateful for visionary donors, like you, who see the benefits of contributing to the future of health care. Kindly share your estate plans via our confidential Bequest Confirmation form.

We fulfill your gratefulness... with legacy choices and commitments that can transform lives.

- I have already included Timmins and District Hospital Foundation in my Will.
- I intend to include Timmins and District Hospital Foundation in my Will.

## MY BEQUEST WILL BE:

- A percentage of the estate
- A specific amount
- The residue of my estate after the bequests are made

## The intended, approximate amount of my bequest is:

\$ \_\_\_\_\_ or \_\_\_\_\_ % of my estate.

## Please indicate which area of work you want to benefit with your bequest:

- Timmins and District Hospitals high priority needs
- Area of choice: \_\_\_\_\_

## How would you like the Foundation to thank you for the intended bequest in your will?

- I authorize Timmins and District Hospital Foundation to list my name as a member of the **Legacy Society** or **Giving is Receiving Wall** in recognition with those who have taken a significant step to ensure superior health care in the future.

Please include how you would like your name to appear as follows:

- I wish to make my bequest confirmation anonymously.

## CONTACT INFORMATION:

\_\_\_\_\_  
Full Name (Mr. / Mrs. / Ms. / Dr.)

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Witness - Full Name (Mr. / Mrs. / Ms. / Dr.)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

