



# NORTH YORK GENERAL FOUNDATION

## Planned Gift Confirmation Form

A planned gift is a simple but meaningful way to help North York General Hospital provide exceptional care to our community. Please take a moment to complete this confidential form and return it to us.

I/We confirm the following planned gift to North York General Hospital 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 of \_\_\_\_ % of my RRIF/RRSP proceeds

The above planned gift(s) are in honour/memory of: \_\_\_\_\_

### Heritage Circle

North York General Hospital Foundation welcomes you as a member of the Heritage Circle. The Heritage Circle recognizes donors of future bequests and other types of planned gifts, as well as promotes philanthropy within our shared community. As a member of the Heritage Circle, you can choose to become an active participant in North York General Hospital's legacy. Members will be invited to an annual event and, those who confirm a legacy commitment of \$10,000+ will be acknowledged by having their names listed on the *Inspiration Gallery Donor Wall*, within the Heritage Circle Category, located on the first floor of our hospital. You will be part of a special group of individuals who are committed to helping our hospital make a world of difference in your own backyard for generations to come. The amount and purpose of your gift are strictly confidential and will not be disclosed publicly, unless otherwise indicated by you.

- I/We accept the Foundation's invitation to be a member of the Heritage Circle
- I/We wish to accept membership, but remain anonymous
- I/We wish to be listed on the *Inspiration Gallery*, please list my/ our name as:

\_\_\_\_\_

Please provide the following information:

Name: \_\_\_\_\_

Name of spouse (if applicable): \_\_\_\_\_

Address City: \_\_\_\_\_

Province/ Postal Code/ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Date of birth (dd/mm/yyyy): ( \_\_\_ / \_\_\_ / \_\_\_\_ ) spouse date of birth: ( \_\_\_ / \_\_\_ / \_\_\_\_ )

Signature: \_\_\_\_\_ Signature of spouse: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

N.B. This is not a legal document.