HOSPICE GEORGIAN TRIANGLE
FOUNDATION

Legacy Gift Intention Form

Thank you for letting us know that you have chosen to include Hospice Georgian Triangle Foundation in your estate plans. Your future gift will help ensure compassionate hospice palliative care continues for generations to come. Declaring your legacy or planned gift will make you a member of the Hospice Georgian Triangle Suzie Newton Society.

Completing this form is voluntary and helps us understand your intentions, express our gratitude, and ensure we can honour your generosity according to your wishes. This form is an expression of current intentions and is not legally binding.

Donor Information

First Name:_____ Last Name:_____

Address:_____

City:_____ Province:_____ Postal Code:_____

Email:_____ Phone:_____

Preferred Method of Communication:

☐ Phone ☐ Email ☐ Mail

Legacy Gift Intention:

☐ I have included Hospice Georgian Triangle Foundation in my will or estate plans

Type of Gift:

☐ Percentage of my estate
☐ Specific dollar amount
☐ Other: _____
_____
☐ Residual gift (all or a portion of the remainder of my estate)
☐ Beneficiary designation (e.g. RRSP, RRIF, TFSA, life insurance)
☐ I do not wish to share the details of my gift

Optional Gift Details:

☐ Estimated percentage: _____% **or** ☐ Estimated value: $_____

Recognition Preferences:

☐ I am comfortable being publically recognized
☐ I would prefer to remain anonymous
☐ I would like to discuss recognition opportunities

Signature: _____ **Date:** _____

Please Email this form to Sandra Sullivan at sullivans@hospicegt.com