



## Will or Estate Gift Confirmation & Recognition Instructions

A gift from your estate, to St. Paul's Foundation of Vancouver, is a meaningful way to leave a personal legacy that will contribute to health care and innovation at St. Paul's Hospital, or one of the other health care facilities or residences administered by Providence Health Care ("PHC"), for the benefit of future generations. Perhaps you have made a provision for a gift in your Will, or through your estate, and would like to let our Foundation know. Please be assured that your identity and information about your gift will be held in strictest confidence.

I/We confirm the following planned gift to St. Paul's Foundation of Vancouver:

- Gift in my Will in the amount of \$\_\_\_\_\_ or \_\_\_\_\_% of the residue of my estate;
- Named beneficiary of a life insurance policy with a face amount of \$\_\_\_\_\_;
- Named beneficiary of \_\_\_\_\_% of my RRIF or RRSP; or
- Other (please describe) \_\_\_\_\_.

### Caring for the Future Society

The *Caring for the Future Society* recognizes donors who have arranged gifts through their estates to benefit St. Paul's. The Society's members receive invitations to PHC and Foundation events as well as delivery of *Promise* magazine.

Would you like to receive magazines, newsletters and invitations from us?

- Yes
- No

(Please see over.)



## Recognition

Part of the recognition you may choose to receive is the inclusion of your name on our Donor Wall at St. Paul's, under the heading: *Caring for the Future Society*. Your name will only be included if you give us permission to add your name to the Donor Wall.

Please indicate your recognition instructions: e.g., 'Mary Smith' or 'John and Mary Smith'.

- Please recognize me/us, on the Donor Wall, as:

\_\_\_\_\_

*(please print)*

- I/ We wish to remain anonymous. *(Your name(s) will not be made public at all.)*

Please provide us with the following information:

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

Mr. [ ]      Ms. [ ]      Ms. [ ]      Miss [ ]      Dr. [ ]

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

Name of Spouse \_\_\_\_\_ *(if applicable)*

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature(s): \_\_\_\_\_

***Thank you for helping St. Paul's!***

[www.helpstpauls.com](http://www.helpstpauls.com)