

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)					
Carin	g for the Future Society					
their	caring for the Future Society recognizes donors who have arranged gifts through estates to benefit St. Paul's. The Society's members receive invitations to PHC and lation events as well as delivery of <i>Promise</i> magazine.					
Would	d 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 re	ecognize me/u	s, on the Donor V	Vall, as:			
			(please print)				
	I/ We wish to remain anonymous. (Your name(s) will not be made public at all.)						
Please	e provide	us with the fol	lowing information	on:			
Date:							
Mr. []	Ms. []	Ms. []	Miss []	Dr. []		
Name	:						
Name of Spouse				(if applicable)			
Addre	ess:						
City: Province:							
Postal	Code:		Telephone:				
Email:							
Signat	cure(s): _						
Thank	k vou for	· helpina St. P	aul's!	WWW	v.helpstpauls.com		