

I/we hereby inform Huntsville Hospital Foundation (HHF) that I/we have made a provision for a gift in my/our estate plan to support Huntsville District Memorial Hospital. I/we understand that this commitment is revocable and can be modified by me/us at any time. Please complete, print and sign this form and return to the Foundation using the contact information below.

## DONOR

Name		Second Name (if joint gift)	
Address			
City		Province	Postal Code
Phone	Fax	Phone	Fax
E-mail		E-mail	

## GIFT INTENT

I/we have made a provision to leave a legacy gift to the Huntsville Hospital Foundation through my/our:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Will                  | <input type="checkbox"/> Living Trust               | <input type="checkbox"/> Retirement Plan Assets |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Charitable Remainder Trust | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Securities            | <input type="checkbox"/> Real Estate                |   |
| <input type="checkbox"/> Please contact me     |   |   |

*Optional: I/we wish to inform Huntsville Hospital Foundation, for long-term planning purposes only, that the current value of my/ our future gift is \$\_\_\_\_\_. (This amount is kept confidential; if your gift is a percentage of your estate, please indicate the approximate value). I/we understand that by stating an amount my/our estate is not legally bound by this statement and I/we may choose to add, subtract or revoke this bequest at any time.*

## GIFT DESIGNATION

It is my/our desire that this gift be used to benefit the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Where the need is the greatest  | <input type="checkbox"/> As per my Will |
| <i>Should this be left blank, the board of directors will direct your gift to the area of greatest need.</i> |   |

## GIFT RECOGNITION

- Yes, HHF may publish my/our name(s) as a member of Huntsville Hospital Foundation Legacy Circle. (The amount of our gift is not published.) Please list me/us as \_\_\_\_\_  
*This serves as a motivation for others to leave a future gift to benefit Huntsville District Memorial Hospital.*
- Do not publish my/our names on any donor lists (this is an anonymous gift).
- Please make my gift anonymous until after my death.
- Yes I would like to receive updates/news from HHF

Donor Signature (required)	Date (Day/Month/Year)
Joint Donor Signature (if applicable)	Date (Day/Month/Year)

**CREATING AN ESTATE PLAN IS A GIFT TO THE PEOPLE YOU LEAVE BEHIND.**

HUNTSVILLE HOSPITAL FOUNDATION  
Katherine Craine, Executive Director

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