

Thank you for your future gift commitment to support the future of Huntsville Hospital.

Every gift in a will makes a difference. When you make plans for a legacy donation, you are giving a future gift that will provide for Huntsville Hospital for years to come. And your impact will be big!

Legacy Giving and a gift of assets in your estate declares you as part of Huntsville Hospital Foundation's Legacy Circle. And that means the world to us and everyone who lives and visits here. For including the Huntsville Hospital Foundation in your estate plans, we want to celebrate you, include you in the benefits of the Legacy Circle and recognize the impact you make to support Huntsville Hospital.

Legacy Circle members are entitled to:

- Recognition in the Hospital in the Legacy Circle Donor Wall, with naming of your choice
- Legacy Circle Membership Certificate
- Gift of Appreciation
- Invitations, tours and special communications

You have the option to remain anonymous in terms of public. The choice is yours. Below is a confidential form which you may complete to indicate your preferences. It is important for us to get to know you and your intentions so we can ensure your wishes are fulfilled in the future by completing and returning this confidential form.

I/We would like to become a member of the Legacy Circle. By letting others know of my generosity and dedication to the Huntsville Hospital Foundation, serves as motivation for others to leave a future gift to benefit Huntsville Hospital.

I/We would like our name(s) on any listings should read as follows:

or

I prefer to have this gift(s) in honour of:

I accept membership, but wish to remain anonymous in terms of public recognition.

Please provide the following information:

Name	Second Name (if joint gift)	
Address		
City	Province	Postal Code
Home Phone	Cell Phone	
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 | |

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.

Please take a moment to tell us about your connection to Huntsville Hospital

Signature: _____ Date: _____
Spouse Signature: _____ Date: _____

N.B. This is not a legal document

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

HUNTSVILLE HOSPITAL FOUNDATION
Katherine Craine, CFRE | Executive Director

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The Huntsville Hospital Foundation team can work with your legal team to explore Legacy Giving ideas and support.



The Huntsville Hospital Foundation Legacy Project