

**YOUR  
DONATION  
MATTERS  
HERE.**

# LEGACY GIFT DONATION FORM

Thank you for considering a Legacy Gift to support patient care, teaching and research at St. Joseph's Health Care London. Please provide us with the following information. All details shared with us will be held in confidence.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH (OPTIONAL) \_\_\_\_\_

SPOUSE'S/PARTNER'S NAME \_\_\_\_\_

SPOUSE'S/PARTNER'S DATE OF BIRTH (OPTIONAL) \_\_\_\_\_

## My bequest intention

- I have already included St. Joseph's Health Care Foundation in my Will
- I intend to include St. Joseph's Health Care Foundation in my Will

## My bequest will be

- A percentage of my estate \_\_\_\_\_%
- A specific dollar amount \$ \_\_\_\_\_ (OPTIONAL)
- A portion of the residual of my estate \_\_\_\_\_%
- A specific item of value in my estate (i.e. home, artwork, jewellery) \_\_\_\_\_  
(PLEASE PROVIDE DETAILS)

## I have made a gift of life insurance, RRSPs or RRIFs to St. Joseph's Health Care Foundation

- St. Joseph's Health Care Foundation is the owner and beneficiary of a life insurance policy
- St. Joseph's Health Care Foundation is a beneficiary of a life insurance policy \_\_\_\_\_% or \$ \_\_\_\_\_ (OPTIONAL)
- I have made St. Joseph's Health Care Foundation a beneficiary of my RRSP or RRIF portfolio \_\_\_\_\_% or \$ \_\_\_\_\_ (OPTIONAL)

## I would like my Legacy Gift to support

- Highest Priority Needs of St. Joseph's Health Care London
- St. Joseph's Hospital
- Parkwood Institute – Main Building
- Mount Hope Centre for Long Term Care
- Mental Health Care
- Lawson Health Research Institute
- Specific gift direction. (Please speak with a member of our Foundation staff to discuss your wishes)

## Please advise us of your wishes regarding recognition of your gift, both during your lifetime and after it has been received

- I give permission for my name to be included in donor walls and listings as appropriate
- I would like my gift to remain anonymous
- I would like my gift to remain anonymous during my lifetime, but give permission for my gift to be recognized once my Legacy Gift has been received

## In all donor listings, my/our name should appear as:

\_\_\_\_\_

**DONATE TODAY.**  
**[sjhc.london.on.ca/foundation](http://sjhc.london.on.ca/foundation)**  
**519 646-6085**

St. Joseph's Health Care Foundation  
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PO Box 5777 STN B  
London, ON N6A 4V2



CHARITABLE REGISTRATION NUMBER:  
BN 11918 3390 RR0001

