

# BETTER HEALTHCARE YOUR LEGACY



## GIFT CONFIRMATION FORM

A Gift in your Will to the Thunder Bay Regional Health Sciences Foundation is a wonderful way to build a legacy. This future gift is an extension of your current commitment and support - one that will be an enduring voice for healthcare in Northwestern Ontario.

If you have made or intend to make a Gift in your Will to the Thunder Bay Regional Health Sciences Foundation, please take a moment to complete this confidential form and return it to us.

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

My/Our Will contains a provision to the Thunder Bay Regional Health Sciences Foundation in the amount of \$\_\_\_\_\_ or \_\_\_\_\_% of the residue of my estate.

I/We intend to include the Thunder Bay Regional Health Sciences Foundation in my/our Will(s)

This information is optional and used for planning purposes only.

### Designating Your Gift

As times change, Area of Highest Need allows the Thunder Bay Regional Health Sciences Foundation to address the hospital's most urgent needs. However, if you prefer, we would be pleased to designate your Gift to support any of the following areas:

- Area of Highest Need
- Northern Cancer Fund
- Northern Cardiac Fund
- Other: \_\_\_\_\_

I/We would like this gift to remain anonymous in perpetuity.

If you would like to be recognized in future publications and/or a donor wall, please indicate how you would like your name listed. \_\_\_\_\_

Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Should you have any questions or wish to discuss your gift or recognition options, please contact:*

**Lee-Anne Camlin**  
Manager, Legacy Giving  
lee-anne.camlin@tbh.net

(807) 684-7110 (direct)  
(807) 345-4673 (main)