



Make the Gift of a Lifetime

Will Confirmation

A gift in your Will is a simple and meaningful way to support a secure future for health care in our community. If you have made a bequest in your Will to Markham Stouffville Hospital Foundation, or intend to do so, please take a moment to complete and sign this confidential form.

- I / We have already included the Markham Stouffville Hospital Foundation in my / our Will(s)**
- I / We intend to include the Markham Stouffville Hospital Foundation in my / our Will(s)**

Information About You

Full Name (Mr./Mrs./Ms./Miss./Dr.) _____

Date of Birth (dd/mm/yyyy) _____

Spouse's Full Name (Mr./Mrs./Ms./Miss./Dr.) _____

Spouse's Date of Birth (dd/mm/yyyy) _____

Address (Street and Number) _____

City _____ Province _____ Postal Code _____

Telephone (Home) (____) _____ (Work) (____) _____

Donor Signature _____ Date _____

Joint-Donor Signature _____ Date _____

Future Use of Your Gift

General giving allows the Markham Stouffville Hospital Foundation to provide funds to the Hospital's area of greatest need, as well as prepare for times of crisis. However, we would be pleased to designate your gift to a specific program or medical specialty, should you prefer to do so.

Please designate my gift to the following (check one):

- Wherever the need is greatest
- Medical & Diagnostic Imaging
- Emergency
- Surgery

Gift Details

The confidential details of your plans are helpful to the Markham Stouffville Hospital Foundation as this helps us plan for the future. *Should you wish to share these details*, please check the appropriate box below to inform us of your intentions.

My bequest gift consists of:

- A percentage of my estate, _____%
- The residue of my estate after other bequests are made
- A specific item of value: _____
- A specific amount: \$_____

Recognition

Thank you for your future support of the Markham Stouffville Hospital Foundation. With your permission, we would like to invite you to join the Latcham Society. Members receive a pin and invitations to society events.

By letting others know of your generosity and your dedication to the Markham Stouffville Hospital Foundation, they might be encouraged to take similar action.

- The name(s) on any recognition should read as follows:

- I wish to remain anonymous

Should you have any questions or wish to discuss your gift or recognition options, please contact Donna Doherty, Leadership Giving Officer, Markham Stouffville Hospital Foundation, by phone at (905) 472-7394 or email at ddoherty@msh.on.ca.