

Confidential Statement of Future Intent

My Intention

I am pleased to confirm that I have included South Muskoka Hospital Foundation as a beneficiary of my estate plans as follows:

- | | |
|---|--|
| ☐ Bequest (Will) | ☐ Life Insurance Policy |
| ☐ Charitable Gift Annuity | ☐ Charitable Remainder Trust |
| ☐ Retirement Plan | ☐ Other Assets _____ |

I estimate the current value of this gift to be \$ _____ (confidential).

- ☐ I understand that this declaration of intent will remain strictly confidential and is not legally binding.

Name: _____ Birth Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

In Recognition:

All donors of planned gifts qualify for inclusion and recognition in the *South Muskoka Hospital Foundation Legacy Society*, which honors those who have remembered the hospital in their estate plans. Recognition is provided on our Donor Wall of Distinction in the main lobby of South Muskoka Memorial Hospital.

Please check one:

- ☐ Yes, my name may be publicly recognized.
My name should appear as follows: _____
- ☐ No, please do not publicly recognize me; I wish to remain anonymous.

Please send completed form or questions to:

Leah Walker, Foundation CEO

South Muskoka Hospital Foundation

75 Ann St., Bracebridge, ON P1L 2E4

Email: leah.walker@mahc.ca Direct line: (705) 645-4404 ext. 3246

our community is our *foundation*.

75 Ann Street, Bracebridge, ON P1L 2E4

T: 705-645-4404 ext. 3193 | F: 705-645-0352

www.healthmuskoka.ca