



Thank you for supporting Children's Health Foundation of Vancouver Island through your planned gift

Bequests & planned giving – declaration of intent

As an indication of support for the Foundation,
I/we _____ (name/s) am/are pleased to report that I/we
have made the following commitment to the Foundation's future:

My/Our will contains a provision for the Foundation.

The value of the gift is _____ % of the residue of my estate or \$ _____

I/We have assigned the Foundation as:

beneficiary only of an RRSP or RRIF Life Insurance Policy

other _____

The value of this gift is \$ _____

Gift information

The gift is:

to be endowed expendable

The use of this gift is **UNRESTRICTED** in support of the highest priority needs of the Foundation.

The use of this gift is **RESTRICTED**, to be used for the following Program or Fund

_____.

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

To encourage others to support the Foundation, I/we accept the Foundation's invitation to be recognized in donor listings. (Please provide recognition name below), or

I/We would like this gift to remain anonymous during my/our lifetime; however, when my/our gift is realized, I/we would like to be included in donor listings.

Please indicate below how your name(s) should appear for the purpose of recognition:

Name(s) _____

Please sign and date

Signature_____

Date_____

Signature_____

Date_____

Thank you for your generous legacy gift!

Please note that this document is for information only and is not a legally binding commitment.

Children’s Health Foundation of Vancouver Island

250-940-4950

345 Wale Road, Victoria, BC V9B 6X2

Charitable Registration No. 89863 8291 RR0001