



## Legacy Gift and Recognition Confirmation Form

A gift in your Will to St. Joseph's Healthcare Foundation is a wonderful way to build a legacy. This future gift is an extension of your current commitment and support, one that will help ensure that St. Joe's can continue to provide excellence in healthcare for your family, friends and neighbours for generations to come.

If you have made or intend to make a future gift to St. Joseph's Healthcare Foundation, please take a moment to complete this confidential form and return it to us in the envelope provided.

Please be assured that the completion of this form is not legally binding, it will simply serve as a record of your intentions and will help the Foundation plan more effectively for the future.

Please check the appropriate box(es) below to confirm your legacy plans:

### Legacy Confirmation

- I/We have included St. Joseph's Healthcare Foundation in my/our Will(s)
- I/We intend to include St. Joseph's Healthcare Foundation in my/our Will(s)
- I/We have made alternate plans for St. Joseph's Healthcare Foundation :

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(i.e., Life Insurance, RRSP/RRIF, GIC, etc.)

- I/would like to direct my future gift to the following area:
  - Greatest Area of Need as determined by the Hospital
  - Equipment
  - Staff Education
  - Research
  - Other: \_\_\_\_\_

See over...

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### Legacy Society

St. Joseph's Healthcare Foundation is honoured to recognize our legacy supporters by including their names on our **Garden of Grace Donor Wall** located in the main lobby of the Juravinski Innovation Tower at the Charlton Campus.

With your permission, your name will appear on the **Legacy Society** panel and will be an inspiration to others who wish to enhance healthcare at St. Joe's for generations to come.

Please check the appropriate box below:

My/our name(s) should read as follows:

\_\_\_\_\_

I/We wish to remain anonymous

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

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

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

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

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

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

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

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

**Lisa Gonnering**  
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