

# BEQUEST CONFIRMATION FORM

London Health Sciences Foundation is grateful for visionary donors, like you, who see the benefits of contributing to the future of health care. Kindly share your estate plans via our confidential Bequest Confirmation form.

We fulfill your gratefulness... with legacy choices and commitments that can transform lives.

- I have already included London Health Sciences Foundation in my Will.
- I intend to include London Health Sciences Foundation in my Will.

## My bequest will be:

- A percentage of the estate
- A specific amount
- The residue of my estate after the bequests are made
- A specific item of value: Details: \_\_\_\_\_  
\_\_\_\_\_

## The intended, approximate amount of my bequest is:

\$ \_\_\_\_\_ or \_\_\_\_\_ % of my estate.

## Please indicate which area of work you want to benefit with your bequest:

- London Health Science's Centre's most critical needs
- Research
- Patient Care
- Equipment
- Other: \_\_\_\_\_

## How would you like London Health Sciences Foundation to thank you for the intended bequest in your will?

- I authorize London Health Sciences Foundation to list my name as one of the 'Donors of Tomorrow' who have taken a significant step to ensure superior health care in the future.
- I wish to make my bequest confirmation anonymously.



## CONTACT INFORMATION

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

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

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Date of Birth (mm/dd/yyyy)

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

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Address

City

Province

Postal Code

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E-mail

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Signature of Donor

Date

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Telephone Number

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Signature of Joint Donor

Date