

Legacy Circle Confirmation Form and Recognition Preference

Thank you for sharing your intent to honour Southlake Health with a future legacy gift. Your intention to leave Southlake a gift in your Will provides you with the opportunity to become a member of our **Legacy Circle**, which honors those that have let us know that they have made a gift in their Will to Southlake.

As a **Legacy Circle** donor, we are pleased to offer you exclusive benefits such as:

- Invitations to special hospital tours and events, and opportunities to meet outstanding physicians and learn more about their work.
- Ongoing communications on the impact of your gift in advancing healthcare in our community.
- Recognition on Southlake's **Circle of Hope** Donor Wall for estate gifts of \$10,000+.

We respectfully request that you fill in this Legacy Circle form and return it to Southlake Health Foundation by email to abernardi@southlake.ca or by mail using the enclosed reply envelope. This will ensure that Southlake has written notification of your intent and it will advise us as to whether we may officially recognize you as a member of Southlake's Legacy Circle.

I/we are pleased to become a member of the Legacy Circle of Southlake Health Foundation on the following basis:

I/we have included Southlake Health Foundation in my/our Will.

I/we intend to include Southlake Health Foundation in my/ our Will

My gift to Southlake Health Foundation is

a specific amount

the residue of my estate after other bequests are made

a percentage of my estate

I/we have named Southlake Health Foundation as beneficiary of a life insurance policy, a Registered Retirement Saving Plan (RRSP) or a Registered Retirement Income Fund (RRIF).

I /we have arranged a Gift of Securities or a gift through a Donor Advised Fund for Southlake Health Foundation.

Name(s) _____

Address _____

Phone _____ Email _____ Date _____

Estate Gift Recognition Confirmation Form

We proudly recognize members of the Legacy Circle on a special section of the *Circle of Hope* Donor Wall located in Southlake's main lobby. If you wish to be recognized as a Legacy Circle member on the *Circle of Hope* Donor Wall, please indicate how you would like your name to be listed below.

I/we wish for our name(s) to be listed as members of the Legacy Circle.

My/our name(s) should appear within the Legacy Circle category as follows:

I/we wish to remain anonymous.

Southlake Health Foundation values the opportunity to provide appropriate recognition in the name of the Donor's Estate for estate gifts valued at \$10,000+ once Southlake Health Foundation receives the estate gift.

Donor lists may be included in printed publications, on our *Circle of Hope* Donor Wall, and for other recognition purposes.

Please select from the following options how you would like to be recognized for your estate gift to Southlake Health Foundation:

- Estate of First Name Last Name**
e.g. The Estate of John Smith
- Estate of First Name & Spouse Name Last Name**
e.g. The Estate of John & Jane Smith
- First Name Last Name**
e.g. John Smith
- First Name & Spouse Name Last Name**
e.g. John & Jane Smith
- The Last Name Family**
e.g. The Smith Family
- First Name & Spouse Name & Family**
e.g. John & Jane Smith & Family
- Full Name & Full Name**
e.g. John Smith & Jane Green

Please know that any information you provide will be held in the strictest confidence, and no information other than your name will be published. The Foundation is committed to protecting the privacy of all information that you share with us. We do not rent or sell donor lists — we use information collected to process donations, keep you informed about the Hospital and Foundation, ask for support, and for recognition purposes. If you do not wish to receive further information, please contact the Foundation Office. Southlake Health Foundation acknowledges that this is not a binding contract and that future gifts to the Foundation, as outlined above, are revocable. Charitable Business #131797540 RR0001