

GIFT PLANNING HELP FROM THE CHILDREN'S HOSPITAL FOUNDATION OF MANITOBA

Bequest or Future Gift Confirmation Form

A bequest or future gift is a simple but meaningful way to support children's health care. It is important to us to be able to recognize and thank those individuals who have made arrangements for a charitable gift in a will to Children's Hospital Foundation, or another type of future gift. By allowing us to publicly acknowledge you, this will also help to encourage others to follow in your footsteps.

Name(s): _____

- I/We have made the following future gift arrangement to the Children's Hospital Foundation of Manitoba or;
- I/We intend to make the following future gift arrangement to the Children's Hospital Foundation of Manitoba.

- | | |
|---|---|
| <input type="checkbox"/> Bequest in my will, dated on _____ | <input type="checkbox"/> Permanent beneficiary designation from donor advised funds |
| <input type="checkbox"/> Donated life insurance policy | <input type="checkbox"/> Beneficiary designation on Pension funds, RRIFs, RRSPs or TFSA's |
| <input type="checkbox"/> Beneficiary designation on a life insurance policy | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Charitable remainder trust | |

➤ The estimated value of my legacy gift will be \$ _____

➤ The estimated value of my legacy gift will be \$ _____

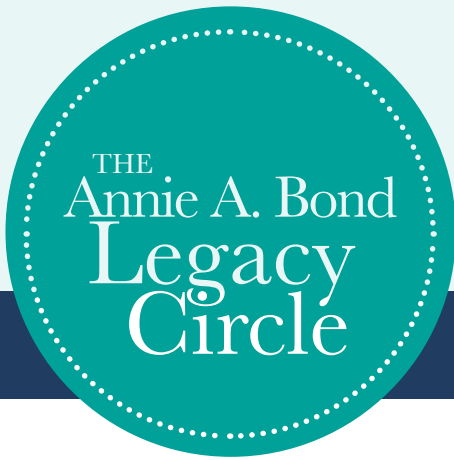
The Children's Hospital Foundation of Manitoba encourages undesignated gifts that support our most urgent needs, but we also welcome gifts that are designated for a specific purpose.

- Have you designated a purpose for your planned gift? Yes No Yes, but it's private
- Please indicate where you have designated your gift:



THE CHILDREN'S HOSPITAL FOUNDATION OF MANITOBA | GOODBEAR.CA
204.594.5323 | TOLL FREE 866.953.KIDS (5437)
533A - 715 MCDERMOT AVE | WINNIPEG | MANITOBA | R3E 1M6

CHARITABLE REGISTRATION NUMBER IS 11885 2490 RR0001



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If you have not specified what your gift will support, would you like someone to contact you to discuss possibilities and hospital priorities? Yes No

Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Email: _____

Your Signature(s): _____

Date: _____

Annie A. Bond Legacy Circle

When donor's plan future gifts to Children's Hospital Foundation we want to be able to thank you now for that future gift. The Children's Hospital Foundation of Manitoba wishes to welcome you as a member of the Annie A. Bond Legacy Circle. Members will be invited to an annual event and, if you wish, will be publicly listed in our donor recognition communications. You will receive special communications throughout the year and you will be part of a like-minded group of individuals who are committed to improving the health and well-being of children.

- Yes, I/we accept the Foundation's invitation to be a member of the Annie A. Bond Legacy Circle.
- Yes, I/we approve my/our name being listed in Children's Hospital Foundation of Manitoba communications.
- Yes, I/we would be willing to share our story so it may encourage others to follow in my/our footsteps, and to share with future generations so they may know more about me/us.
- I/we would prefer this gift commitment to remain anonymous during my/our lifetime(s); however, when my/our gift is received you may tell others.
- I/we wish to accept membership, but remain anonymous both during my/our lifetime and when my/our gift is received.

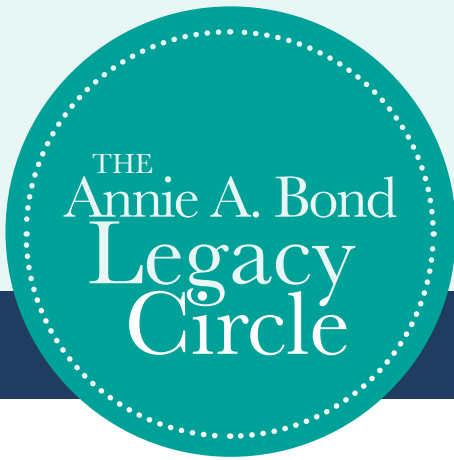
Print your name(s) as you would prefer it to appear in our donor listings.

Name(s): _____

Standard format for recognition of names is as follows:

e.g.: Mr. John & Ms. Jane Smith





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What is your relationship to the Children's Hospital? Please check all that apply.

- I am a staff member
- My spouse is a staff member
- My child/children have been patients at the Children's Hospital
- My friend/extended family's child/children have been patients at the Children's Hospital
- I have no specific relationship, but wanted to make a difference and I value the Children's Hospital Foundation of Manitoba
- Other

What inspired you to give a future gift to the Children's Hospital Foundation of Manitoba?

How did you first learn about making future gifts to Children's Hospital Foundation of Manitoba?

May we know your birthday? _____

Please provide the name of a family or contact person who we can report to when your future gift is received:

Name: _____ Relationship: _____

Address: _____ Phone number: _____

Email: _____

Thank you. We are grateful for your generosity!



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