Confidential
Will Acknowledgment Form

A gift in your will is a thoughtful way to reflect your support for the future of our hospital. If you have made a gift in your will to **Michael Garron Hospital Foundation**, or intend to do so, please take a moment to complete this confidential form and return it to us.

Information about you

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

Birth date (mm/dd/yy) _____

Spouse (Mr./Mrs./Ms./Miss/Dr.) (if applicable)_____

Birth date (mm/dd/yy)_____

Address (Street and Number)_____

City_____Province_____Postal Code_____

Telephone (Home)_____(Work/Cell)_____

Email _____

Signature of Donor_____Date_____

Signature of Joint Donor_____Date_____

Recognition – The Joseph H. Harris Legacy Circle

The Joseph H. Harris Legacy Circle, named for one of the hospital's founders, is a community of people who have generously included a gift to Michael Garron Hospital in their future plans. In doing so, they empower us to provide exemplary care for generations to come.

Please share your preference for recognition as part of the Joseph H. Harris Legacy Circle:

□ I / We would like to be included in publications (printed and electronic) and on the Joseph H. Harris Legacy Circle plaque in the hospital.

□ I / We would like to be included only on the Joseph H. Harris Legacy Circle plaque in the hospital.

The name(s) should read as follows: _____

□ I / We wish to remain anonymous.

…/2 (see over)

Donor story (optional)
If you are comfortable with sharing, please tell us about your connection to the hospital.

Your gift (optional)

□ I have already included Michael Garron Hospital Foundation in my will in the amount of $_____or_____% of my residue.

□ I intend to include Michael Garron Hospital Foundation in my will in the amount of $_____or_____% of my residue.

We strongly encourage you to speak with your family and seek advice from your financial or legal advisors. We welcome you to choose the type of gift that best suits your needs and interests. We would be happy to work with you to make your gift the most personally satisfying to you.

For a confidential consultation, please contact:

Yolanda Bronstein
Legacy Giving Manager
(416) 469 - 6580 ext. 2161
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or

Laura Byl
Legacy Giving Manager
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Legal Information:
For CRA purposes, we file under Toronto East Health Network Foundation, and indicate that we operate as Michael Garron Hospital Foundation, bearing registration number 119259448 RR 0001