

# St. Michael's Society Bequest Inscription Form

Yes, I/we have included St. Michael's Hospital Foundation as a beneficiary in my/our will (or life insurance RRSP/RRIF or trust agreement) to support St. Michael's Hospital.

For recognition purposes, the Inscription of name(s) should read as follows:

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If not, please specify below any changes to Inscription:

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Or

I/we would like to remain anonymous

Approved by:

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Name:

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Signature:

Date:

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## Thank You For Your Bequest

The following confidential details of your plans would be helpful to St. Michael's Hospital Foundation's planning for the future, should you wish to share them.

- a percentage of my estate, % \_\_\_\_\_
- a percentage of the residue % \_\_\_\_\_ of my estate after other bequests are made
- a specific amount, \$ \_\_\_\_\_

## Future Use of Your Bequest Gift – Areas of Excellence

Over the course of its history, St. Michael's Hospital has earned an international reputation for its caring, compassionate approach to health care and for its leadership in a number of important areas.

- Area of Greatest Need:** The most flexible gift is the one for the area of greatest need when the gift is received.
- Patient Care:** Commitment to provide the best health care possible is demonstrated by our reputation for excellence in areas such as cardiac care, diabetes care and emergency medicine.
- Education:** We are committed to innovative teaching and are recognized internationally as a leader in education. Our strong focus on teaching is a launch pad for groundbreaking research and future medical breakthroughs.
- Research:** St. Michael's Hospital is leading research centres where physicians and clinicians work collectively to understand the causes of disease, and to explore innovative treatments of illness and injury.
- Endowment:** You can help ensure that innovative patient care, research and education at St. Michael's Hospital continues year after year by making a gift to our Hospital's general endowment or create a permanent endowment in your or your loved one's name.

You may choose to designate your Planned Gift to one of the above areas or you may decide to apply your gift to the overall work of the Hospital—wherever the need is greatest.

Please specify: \_\_\_\_\_

## Please Let Us Know More About You

Your birth date (dd/mm/yy): \_\_\_\_\_

Spouse's full name (Mr./Mrs./Ms./Miss/Dr.): \_\_\_\_\_

Spouse's birth date (dd/mm/yy): \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

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

*NOTE: This information will be kept in strictest confidence.*