

Pillars of Providence Bequest Inscription Form

Yes, I/we have included Providence Healthcare Foundation as a beneficiary in my/our will (or life insurance RRSP/RRIF or trust agreement) to support Providence Healthcare.

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

If not, please specify below any changes to Inscription:

Or

I/we would like to remain anonymous

Approved by:

Name:

Signature:

Date:

Thank You For Your Bequest

The following confidential details of your plans would be helpful to Providence Healthcare 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, Providence Healthcare has earned an international reputation for its personalized, compassionate approach to healthcare 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:** Help ensure every individual receiving care at Providence—whether that's someone undergoing rehab after a trauma or stroke, or an older adult needing long-term care—has an opportunity to thrive.
- 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:** Providence Healthcare 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.
- Equipment:** Providence Healthcare relies on donations to purchase 100% of all new medical equipment. Empower our health teams with the latest, most leading-edge tools to deliver the life-changing care they're renowned for.
- Endowment:** You can help ensure that innovative patient care, research and education at Providence Healthcare 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.