## **Sample Bequest Wordings**

If you name Fraser Valley Health Care Foundation in your will, please let us know. It helps us plan for the future and to recognise your generosity.

Please contact Robert Beischer at 1-877-661-0314 or at <a href="mailto:robert.beischer@fraserhealth.ca">robert.beischer@fraserhealth.ca</a>.

As the greatest needs of our Hospitals are, constantly changing we will work with you to ensure your wishes are met while insuring that your gift will be used in the best way to benefit your hospital.

You can choose to support a specific Hospital's greatest need:

ABBOTSFORD REGIONAL HOSPITAL MISSION MEMORIAL HOSPITAL

CHILLIWACK GENERAL HOSPITAL FRASER CANYON HOSPITAL

Legacy	Beq	uest:
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"My estate trustees shall pay the sum of \$	(or transfer assets with an equal
value) to the Fraser Valley Health Care Foundation	<b>on</b> for the purpose of supporting the
highest priority needs at INSERT HOSPITAL NAM	<b>E</b> ."

## **Residual Bequest:**

"My estate trustees shall pay	% of the residue of my estate to the Fraser Valley
Health Care Foundation for th	e purpose of supporting the highest priority needs as
determined by the Foundation i	n consultation with INSERT HOSPITAL NAME"

## **Legal Name:**

As the official fundraising arm of the hospital, the name you should include in your will to make a bequest to your hospital of choice is "Fraser Valley Health Care Foundation".

The Foundation is responsible for raising money and performing estate administration on behalf of the Hospital.

Charitable Business Number: 871156725RR0001

Address:

Fraser Valley Health Care Foundation 32900 Marshall Road Abbotsford BC V2C 0C2

**Telephone:** 1 877 661 0314 **Fax:** 604 851 4898

E-mail: info@fvhcf.ca

