

## Planned Giving – BEQUESTS

### GIFT TYPES:

#### **Cash:**

(Executor) shall pay or transfer to **Canadian Physicians for Aid and Relief, 401-240 Bank Street Ottawa, ON, K2P 1X4 Charitable Number 11883 5230 RR0001** (\$ amount) . . .

#### **Assets:**

(Executor) shall transfer to **Canadian Physicians for Aid and Relief, 401-240 Bank Street Ottawa, ON, K2P 1X4 Charitable Number 11883 5230 RR0001**, (*description of the property*). I understand that unless the (*item*) is useful to CPAR's needs, it will be sold and the proceeds applied per the terms of the bequest.

#### **Rest and residue of the Estate:**

(Executor) shall pay or transfer to **Canadian Physicians for Aid and Relief, 401-240 Bank Street Ottawa, ON, K2P 1X4 Charitable Number 11883 5230 RR0001** (*stated percentage*) of the rest, residue and remainder of my estate . . .

#### **Contingent bequest:**

If (*name/s of primary beneficiaries*) does not survive me, or shall die within 90 days from the date of my death, or as a result of a common disaster, then my Executor shall pay or transfer to **Canadian Physicians for Aid and Relief, 401-240 Bank Street, Ottawa, ON, K2P 1X4 Charitable Number 11883 5230 RR0001** (*description of amount of cash, property, or percentage of residual estate*) . . .

#### **Charitable remainder trust:**

I direct that my Executor raise out of the capital of my estate the sum of \$\_\_\_\_\_ to be held and invested by the Trustee of the Trust Fund with such sum and to pay to (*beneficiaries*) all of the net income which accrues therefrom during (*his, her, their*) natural lifetime(s). Upon death of (*beneficiaries*), such Trust Fund shall be distributed to **Canadian Physicians for Aid and Relief, 401-240 Bank Street, Ottawa, ON, K2P 1X4 Charitable Number 11883 5230 RR0001**. I appoint (*name of person or institution*) as Trustee of this Trust Fund.

### GIFT PURPOSE:

#### **Unrestricted use:**

. . . to be used for the general purposes of Canadian Physicians for Aid and Relief.

#### **Restricted use:**

. . . to be used for (*detailed description of what the donor wants the bequest to accomplish*).

### FOR ALL BEQUESTS, REGARDLESS OF TYPE OR PURPOSE

#### **Power to Vary Provision:**

If, in the opinion of the Board of Directors of **Canadian Physicians for Aid and Relief, 401-240 Bank Street, Ottawa, ON, K2P 1X4 Charitable Number 11883 5230 RR0001**, it should become impossible, inadvisable, or impractical to use this gift for the specified purpose(s), then the Board may, in their discretion, use the gift to the best advantage of the Charity, keeping in mind my original wishes. In any such alternative application, the support provided by this bequest shall be clearly identified with the name of (*donor's name*).