

Thank you for including Richmond Hospital Foundation in your estate plans!

Whether you have provided a gift in your Will, or designated us as a beneficiary of a life insurance policy or retirements funds, it is a thoughtful and impactful way to invest in the future of health care in the Richmond community and beyond. We are deeply grateful for your commitment and support!

Please complete this form and email it back to us, so that we ensure your confidential estate wishes are current and complete.

Your Name (s):			
Address:			
City:	Provi	ince: Postal Code:	
Home Phone:	Mob	ile Phone:	
Email:			

I/we have already make a legacy gift to Richmond Hospital Foundation

(Please check the box that applies to you)

- L through a bequest in my Will
- □ as a beneficiary of a life Insurance Policy
- □ as a beneficiary of my RRSP/ RRIF/ TFSA proceeds

Donor Recognition

We would like to include your name on Richmond Hospital Foundation's Wall of Honor – Future Legacy *Gifts* to recognize your planned future commitment to Richmond Hospital Foundation. Do you want to accept this recognition?

Yes, please list my/our name(s) **No,** I/We prefer to remain anonymous

The name(s) you wish to be listed:

Your signature(s): Date:

Richmond Hospital Foundation respects your privacy. We do not rent, sell or trade our mailing lists. The information you provide will only be used to periodically update you on the activities of the Foundation, including programs, services, special events, funding needs or opportunities to volunteer. If at any time you wish to be removed from any of these contacts, simply call Endora Fan at (604) 368-1078 or email to Endora.Fan@vch.ca.