

# Will Confirmation Form

A bequest in your will is a simple, thoughtful way to reflect your vision for superior health care in the future. If you have provided or intend to provide a bequest for the work of St. Michael's Foundation, please complete and sign this Will Confirmation form.

\_\_\_ "I have already included St. Michael's Hospital Foundation in my will."

\_\_\_ "I intend to include St. Michael's Hospital Foundation in my will."

The following confidential details of your plans would be helpful to St. Michael's 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, \$ \_\_\_\_\_

## **Information About You** Please fill out the following information

Full name (Mr./Mrs./Ms./Miss/Dr.) \_\_\_\_\_

Birth date (dd/mm/yy) \_\_\_\_\_

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

Birth date (dd/mm/yy) \_\_\_\_\_

Address (Street and Number) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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

E-mail \_\_\_\_\_

Signature of donor \_\_\_\_\_ Date \_\_\_\_\_

Signature of joint donor \_\_\_\_\_ Date \_\_\_\_\_

*This information will be kept in strictest confidence.*

## Recognition – St. Michael’s Society

Membership within the *St. Michael’s Society* is the Foundation’s way of extending deep appreciation to individuals and families who have committed to a Planned Gift. As a member of the *St. Michael’s Society*, you will receive an invitation to attend hospital tours and educational seminars and, with your permission, a listing of your name or your family’s in the Foundation’s newsletter, as well as a listing of your name or your family’s on our “St. Michael’s Society Recognition Wall”.

“I would like my name listed in St. Michael’s Hospital Foundation publications and added to the St. Michael’s Society Recognition Wall.”

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

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**OR**  “I wish to make my bequest confirmation anonymously.”

## 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:** St. Michael’s Hospital’s 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 ground-breaking research and future medical breakthroughs.

**Research:** St. Michael’s Hospital is a leading research centre where physicians and clinicians work collectively to understand the causes of disease, and to explore innovative treatments of illness and injury.

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: \_\_\_\_\_

Thank you so much!

**Cynthia Collantes**, Director, Gift Planning  
St. Michael’s Foundation  
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Charitable Business Number: 12296-3663 RR0001  
ww.st.michaelshospital.com

*When wording your bequest, please specify the beneficiary as St. Michael’s Foundation*