



Statement of Intent*

As an indication of support for Queensway Carleton Hospital:

I/we _____ (name/s) am/are pleased to report that I/we have made the following commitment to the future of Queensway Carleton Hospital.

- My/Our will contains a provision for Queensway Carleton Hospital Foundation in the amount of \$ _____ or _____% of the residue of my estate. (This information is optional. It helps the Foundation to plan for the future.)
- I/we have assigned Queensway Carleton Hospital Foundation as
 - Owner and beneficiary of a life insurance policy
 - Beneficiary only of a life insurance policy / RRSP /RRIF (circle one).The value of the policy is \$ _____

The use of this donation is:

- Unrestricted – to be used for the hospital’s area of greatest need
 - Restricted, to be used for _____
- I/we would like the gift to remain anonymous in perpetuity
 - I/we would like to be recognized by Queensway Carleton Hospital in an appropriate manner and permit Queensway Carleton Hospital Foundation to use our name/s. Please list my/our names on recognition pieces as:

I would like all future correspondence relating to this gift to be sent to:

Name _____

Address _____

Phone _____ E-mail _____

* Please note that this document is confidential and for our information only.
This is not a legally binding commitment.