



Gift Confirmation Form

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

I have included a gift in my will for Queensway Carleton Hospital Foundation

Name: _____

Address: _____

Postal Code: _____

Telephone: _____

E-mail: _____

The gift in my will is:

Unrestricted – to be used for the hospital’s area of greatest need

Restricted – to be used for a specific department or purpose

If restricted, what department/purpose would you like your gift to go towards:

I prefer to receive news about legacy gifts and information about special events:

By mail

By e-mail

Please list my name on your donor wall as: _____

I prefer to remain anonymous

Please send your completed form to:

Nadine Fowler, Major & Planned Giving Associate, Queensway Carleton Hospital Foundation
nfowler@qch.on.ca, 613.721.4700 ext.5609



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