WRHN FOUNDATION
Waterloo Regional Health Network

Waterloo Regional Health Network Foundation
235 The Boardwalk, Suite 300
Kitchener, ON N2N 0B1
Charitable # 88918 0394 RR 0001

Charitable Bequest Confirmation Form

On behalf of the Waterloo Regional Health Network Foundation, thank you for your extraordinary dedication and generosity. Your legacy gift helps create a future of healthcare excellence driven by innovation, delivered with compassion, and accessible to patients and families for generations to come.

Please take a moment to complete and return this confidential form so we can accurately record your intentions.

Donor information:

Title: _____ **Name(s):** _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Preferred Phone: _____ ☐ **Mobile** ☐ **Home** ☐ **Work**

Email: _____

Your legacy gift intention:

☐ I have already included the Waterloo Regional Health Network Foundation in my/our Wills

☐ I intend to include the Waterloo Regional Health Network Foundation in my/our Wills

My gift to Waterloo Regional Health Network is (select and complete all that apply):

☐ A specific cash amount _____

☐ A percentage of my/our estate _____

☐ The residue (or a portion of the residue) of my/our estate _____

☐ A specific item/property of value (e.g., real estate, artwork) _____

☐ Other (e.g., Life Insurance, RRSP/RRIF/TFSA beneficiary designation) _____

☐ The intended, approximate amount of my gift in will is: $ _____ or _____ % of my estate

Gift designation:

☐ Unrestricted: Support the area of greatest need across the network.

☐ Designated: Support a specific program or service: _____

WRHN
FOUNDATION
Waterloo Regional
Health Network

Waterloo Regional Health Network Foundation
235 The Boardwalk, Suite 300
Kitchener, ON N2N 0B1
Charitable # 88918 0394 RR 0001

Please take a moment to complete and return this confidential form so we can accurately record your intentions.

Recognition and confidentiality:

With your permission, we would like to recognize your gift in our publications, donor walls, and future Legacy Society (if applicable).

My gift to Waterloo Regional Health Network is (select and complete all that apply):

☐ Public Recognition: Please list my/our name(s) as follows:

_____

☐ Share Your Impact: I am happy to share my story to help inspire others.

☐ Anonymous: Please keep my/our gift confidential and remain anonymous in all listings.

Confirmation and signatures:

Donor's Signature: _____ Date: _____

Joint Donor's signature (if applicable): _____ Date: _____

Please return the completed form to:

Waterloo Regional Health Network Foundation | Phone: 519-749-6797 | Email: info@wrhnf.ca
Website: www.wrhnf.ca/donate/legacy-giving

Note: This form is for confirmation purposes only and does not constitute a legally binding contract. We recommend consulting an independent legal or financial professional when preparing your estate plans.