

Charitable Bequest Confirmation & Will Wording Guide

Confidential

On behalf of the Waterloo Regional Health Network Foundation, I want to extend our deepest gratitude for your dedication and generosity. Your support has played a crucial role in advancing our mission, and we are truly thankful for your continued commitment.

I am reaching out to share with you a meaningful opportunity to create a lasting impact through a gift in your Will. By including the Waterloo Regional Health Network Foundation in your estate plans, you have the power to ensure that our vital work continues for years to come, touching the lives of countless individuals in need.

Making a gift in your Will is a straightforward process that can be easily arranged with the assistance of your attorney or financial advisor. By including specific bequest language, you can rest assured that your wishes will be accurately carried out. Your decision to leave a gift in your Will not only supports our ongoing efforts but also leaves behind a legacy of compassion, support, and hope for future generations.

If you would like more information about how to include us in your estate plans, we would be honoured to provide you with additional resources and guidance to assist you in the planning process.

Furthermore, if you have already included the Waterloo Regional Health Network Foundation in your Will or intend to do so, please consider completing the enclosed confidential confirmation form. This will allow us to express our appreciation and ensure that your intentions are accurately documented.

Once again, thank you for your incredible support.

Jaime Wilson VP, Development 519.404.9583 jaime@wrhnf.ca

WRHNF @ King St 914 King St. West, Kitchener, ON N2G 1G4





Confirmation Form

□ I have already includ	led Waterloo Regional Health N	letwork Foundation in my Will.	
□ I intend to include W	/aterloo Regional Health Netwo	ork Foundation in my Will.	
Name(s):			
Address:		.	
City:		Province:	
Postal Code:	Home Phone:	Work Phone:	
Email:			
Signature of Donor: _		Date:	
Signature of Spouse/Joint Donor:		Date:	
	will benefit the area of greates cific patient care area of intere	et need in the hospital network. A designated est to you.	t
		ion as an unrestricted gift. Your gift will be etwork at the time it is received.	
□ To a more specific s	ervice or program within the h	ospital network.	
	please contact the Foundatio e best option for your needs.	n directly and we would be happy to assist	





Suggested Will / Bequest Wording

The most common type of legacy gift is a charitable bequest made in a Will, which can take the form of cash, securities, assets, or donation of your estate.

Outright Gift Clause

The following wording is recommended for outright gifts:

I give to Waterloo Regional Health Network Foundation (Charitable Registration No. 889180394 RR 0001):		
percent of the residue of my estate		
or		
\$ (specific amount).		
It is my wish that these funds, if practical and possible, be directed as an outright gift to be used in the program or department, or for the highest priority need as determined by the Board of Directors of the Waterloo Regional Health Network Foundation.		
Questions? If you have any questions or wish to discuss your gift or recognition options in more detail, please contact:		
Waterloo Regional Health Network Foundation legacy@wrhnf.ca I 519-749-6797		
On behalf of our patients, their families, and all our dedicated hospital staff, thank you		

