SickKids FOUNDATION

Planned Gift Confirmation Form

A planned gift is a simple but meaningful way to support the care of children at The Hospital for Sick Children. Please take a moment to complete this confidential form and return it to us.

I/We confirm the following planned gift to SickKids Foundation:

☐ Bequest in my/our will(s) in the amount of $ _____ or _____% of the residue

☐ Beneficiary of a life insurance policy with a value of $ _____

☐ Beneficiary of _____ % of my RRIF//RRSP proceeds

The above planned gift(s) are in honour/memory of: _____

J.P. BICKELL SOCIETY

SickKids Foundation welcomes you as a member of the J.P. Bickell Society. The Society recognizes donors of future bequests and planned gifts, as well as promotes philanthropy. As a member of the J.P. Bickell Society you can choose to become an active participant in The Hospital for Sick Children's legacy of caring for children. Members will be invited to an annual event and, if they wish, be listed in the annual report. You will be part of a special group of individuals who are committed to improving the health and well-being of children with a thoughtful future gift. The amount and purpose of gift are strictly confidential and will not be disclosed publicly.

☐ I/We accept the Foundation's invitation to be a member of the J.P. Bickell Society

☐ I/We wish to accept membership, but remain anonymous

Please provide the following information:

☐ MR ☐ MRS ☐ MS ☐ MISS ☐ DR ☐ MR ☐ MRS ☐ MS ☐ MISS ☐ DR

Name **Name of spouse** (*if applicable*)

Address **City**

Province/State **Country** **Postal/Zip Code**

Phone # **E-mail**

Date of birth (dd/ mm/ yyyy) **Spouse date of birth (dd/ mm/ yyyy)**

Signature: _____ **Signature of spouse:** _____

Date: **Date:**

N.B. This is not a legal document.