

# GIFT INTENTION FORM

## Thank you for your future gift commitment to SickKids and the future of children's health.

SickKids is grateful for your ongoing and future support. As a thank you, we invite you to become a member of the J.P. Bickell Society, our community of donors who are supporting the future of SickKids. The Society was established to recognize and thank donors of legacy gifts of any amount, and to involve you in the SickKids community.

We also want to ensure that we clearly understand your recognition and communication preferences. We will keep your responses to this questionnaire confidential, and you will be publicly recognized only if you choose to be.

## When you leave a legacy to SickKids Foundation, you are entitled to:

- Understanding and respect for your recognition preferences, whether you want to be anonymous, or be listed in the hospital's Donor Hall of Honour with naming of your choice
- An invitation to join the J.P. Bickell Society and invitations to special events at the hospital
- Tailored communications to keep you engaged and informed on the work of SickKids, and the impact of donors like you

## Please tell us your recognition preferences:

We offer recognition during your lifetime on the J.P. Bickell plaque in the hospital's main corridor. Later, when your gift is received after your passing, we can recognize you in the Annual Report, and if eligible, on the main donor wall in the hospital. In both cases, you can be recognized in your own name, in honour of a loved one, or be anonymous.

### Current recognition (during your lifetime):

- ☐ I/We accept the Foundation's invitation to be a member of the J.P. Bickell Society.  
My/Our name(s) on any listings should read as follows:

\_\_\_\_\_

OR

The legacy gift(s) are in honour of: \_\_\_\_\_

OR

- ☐ I accept membership, but wish to remain anonymous in terms of public recognition

### Future recognition (when legacy gift is received):

- ☐ My/Our name(s) on any listings should read as follows:

\_\_\_\_\_

OR

The legacy gift(s) are in honour of: \_\_\_\_\_

OR

- ☐ I wish to remain anonymous in terms of public recognition

\*This is a revocable and nonbinding document. It is an optional form to help us understand and respect your recognition preferences.

**Please provide the following information:**

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name of partner (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province/State

\_\_\_\_\_  
Country

\_\_\_\_\_  
Postal/Zip Code

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Email

What is your birthday?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
day month year

What is your partner's birthday? (if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
day month year

To be environmentally conscious, we are using email as much as possible. If we can communicate with you digitally, please check below and provide us with your email address.

☐ I would prefer to receive digital communications whenever possible and will provide my email address:

\_\_\_\_\_

**I/We have included the following planned gift to SickKids Foundation in our plans: (Optional)**

- ☐ 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  
☐ Other \_\_\_\_\_

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**We'd love to hear more about what inspired you to support SickKids. Share your story below:**

Should you have any questions or to discuss your legacy gift or recognition options, please contact the Gift and Estate Planning team at:

**416-813-8271 or [gift.planning@sickkidsfoundation.com](mailto:gift.planning@sickkidsfoundation.com)**