

GIFTS IN WILL

GIFTS IN WILL (OR BEQUESTS) ARE A COMMON METHOD OF PROVIDING A FUTURE GIFT WHILE RETAINING CONTROL OF YOUR ASSETS DURING YOUR LIFETIME.

A gift in your will is a simple and powerful way of giving. Your gift ensures that you will leave a legacy that reflects your values and makes a lasting impact on the wellbeing of future generations of children. Through a gift in your will, you can help us transform the future of child health.

THE ADVANTAGE OF LEAVING A GIFT IN YOUR WILL

Through your will, you can choose to leave SickKids Foundation a specific sum of money, a percentage of your estate, or a specific asset, such as shares or a piece of property. This lets you have a greater impact on child health than would be possible during your lifetime.

By leaving a gift in your will, you can:

- Make a future commitment while retaining control of your assets during your lifetime
- Receive a charitable tax receipt to your estate
- Reduce or eliminate estate taxes through careful planning
- Earn recognition in our Donor Hall of Honour, with naming of your choice, in honour of a loved one, or you can choose to remain anonymous
- Join our community of legacy donors in the J.P. Bickell Society, with special-event invitations and updates on SickKids

THREE SIMPLE STEPS

1. Speak to your lawyer about drafting or revising your will. This is an essential step to protect your family's future and to ensure that your assets are distributed the way you want.
2. Include the appropriate wording in your will. Our Gift & Estate Planning team can provide will wording based on your area of interest. For example, sample will wording could be:
"My estate trustees shall pay the sum of \$ or % of residue of my estate (or transfer assets with an equal value) to The Hospital for Sick Children Foundation, Toronto, Ontario for the purpose of supporting its highest priority needs."
Charitable Business #10808 4419 RR0001
3. Let us know about your intentions so we can ensure that your wishes are understood and honoured, say thank you, and invite you to join our J.P. Bickell Society.



SAMPLE WILL WORDING

You can show this wording to your lawyer as a sample.

RESIDUAL BEQUEST

“My estate trustees shall pay ____ (all or %) of the residue of my estate to **The Hospital for Sick Children Foundation**, Toronto, ON, for the purpose of supporting its highest priority needs.”

LEGACY BEQUEST

“My estate trustees shall pay the sum of \$____ (or transfer assets with an equal value) to **The Hospital for Sick Children Foundation**, Toronto, ON, for the purpose of supporting its highest priority needs.”

LEGAL NAME

The name you should include in your will to make a bequest is “**The Hospital for Sick Children Foundation**”. The Foundation is responsible for raising money and performing estate administration on behalf of the Hospital.

Charitable Business Number: 10808 4419 RR0001

For more information, please contact the Gift and Estate Planning team at **416-813-8271** or gift.planning@sickkidsfoundation.com

Disclaimer: The material listed above is intended to provide general information and should not be construed as legal or other professional advice. The above should not be used without first reviewing it with your own legal or other professional advisors to determine its suitability for your unique estate planning situation.



**NORAH,
LIVER TRANSPLANT
PATIENT**

TRUST AND COMMITMENT

SickKids Foundation will always work hard to earn and maintain your trust.

OUR COMMITMENT TO YOU WHEN YOU CONSIDER A LEGACY GIFT

We will always **respect**:

- Your privacy as a donor and the confidentiality of your will
- That this is a personal decision that takes time
- That there might be an area of the hospital's work that is most important to you that you'd like to support
- Your right to change your mind at any time about making a future gift to SickKids
- That you will take care of your family and their needs first
- Your communication and engagement preferences with us
- That it is your choice whether to tell us if you've left a gift to SickKids in your will and we are deeply honoured when you choose to do so

WHY YOU CAN TRUST US

We are committed to the highest standards of accountability, transparency, and management.

Donors expect us to handle their donations efficiently and effectively, and we expect ourselves to honour that trust. We have published and abide by a detailed Financial Practices and Transparency policy.

We have a strict policy for our fundraising practices and expect everyone associated with the Foundation's fundraising to follow it.

We have earned the highest level of accreditation from Imagine Canada, reflecting excellence in:

- Board governance
- Financial accountability and transparency
- Fundraising
- Staff management
- Volunteer involvement

We will provide copies of our policies and accreditations on request at **416.813.8271** or gift.planning@sickkidsfoundation.com, or you can view them on our website.



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COMPLEX CARE
PATIENT

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):

- 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

*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 _____

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

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**