



## Legacy Gift Statement of Intent Form

### Contact Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I/we \_\_\_\_\_ am/are pleased to give a legacy gift to Make-A-Wish® Canada to support magical wishes for courageous children with life-threatening medical conditions.

**Details of your legacy gift will help us to plan for the future. This information is strictly confidential.**

My/our will contains a bequest of \$ \_\_\_\_\_ or \_\_\_\_\_% of the residue of my/our estate.

I/we have named the Make-A-Wish Foundation® of Canada as;

Beneficiary of life insurance policy/RRSP/RRIF in the amount of: \$ \_\_\_\_\_

Owner and beneficiary of a life insurance policy in the amount of: \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_

We thank you for your gift. Please return this form via email to: [nationaloffice@makeawish.ca](mailto:nationaloffice@makeawish.ca)  
or mail to: Make-A-Wish, 4211 Yonge Street, Suite 520, Toronto, ON M2P 2A.



## Donor Recognition Form

Thank you for your commitment to Make-A-Wish®. We would be honoured to recognize you in our donor publications and other various recognition vehicles. To confirm how you wish to be recognized please complete the following:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I/we prefer to remain anonymous in all publications and website material: Yes  No

Please recognize my gift as \_\_\_\_\_

Signature \_\_\_\_\_ Date (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_

We thank you for your gift. Please return this form via email to: [nationaloffice@makeawish.ca](mailto:nationaloffice@makeawish.ca)  
or mail to: Make-A-Wish, 4211 Yonge Street, Suite 520, Toronto, ON M2P 2A.