



FORM LEGACY GIFT STATEMENT OF INTENT



We are incredibly grateful that you are considering leaving a legacy of hope to Make-A-Wish[®] Canada. Details of your legacy can help us plan for the future and all information will be kept strictly confidential.

Contact Information:

Name: _____

Mailing address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

E-Mail Address: _____

- I/We _____ are pleased to give a legacy gift to Make-A-Wish Canada to support magical wishes for courageous children with life threatening medical conditions.
- My/Our will contains a bequest of \$ _____ or _____ % of the residue of my/our estate.
- I/We have named Make-A-Wish 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: _____

We thank you for your gift.
Please return this form via fax to 604 688 7990,
via e-mail to nationaloffice@makeawish.ca or by mail to:

Make-A-Wish Canada
520 - 4211 Yonge St.
Toronto, ON M2P 2A9