

BETTER HEALTHCARE YOUR LEGACY



GIFT CONFIRMATION FORM

A gift in your Will to the Thunder Bay Regional Health Sciences Foundation is a wonderful way to build a legacy. This future gift is an extension of your current commitment and support - one that will be an enduring voice for healthcare in Northwestern Ontario.

If you have made or intend to make a gift in your Will to the Thunder Bay Regional Health Sciences Foundation, please take a moment to complete this confidential form and return it to us.

Name(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Email: _____

I/We have already included the Thunder Bay Regional Health Sciences Foundation in my/our Will(s)

I/We intend to include the Thunder Bay Regional Health Sciences Foundation in my/our Will(s)

Designating Your Gift

As times change, Area of Highest Need allows the Thunder Bay Regional Health Sciences Foundation to address the hospital's most urgent needs. However, if you prefer, we would be pleased to designate your gift to support any of the following areas:

Area of Highest Need

Northern Cancer Fund

Northern Cardiac Fund

Other: _____

Donor's Signature: _____ Date: _____

Joint Donor's Signature: _____ Date: _____

Should you have any questions or to discuss your gift or recognition options, please contact:

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