

RECOGNIZING YOUR GIFT

Legacy Gift Confirmation Form

A gift in your Will is a powerful way to support exceptional care at Strathroy Middlesex General Hospital. Whether you choose to leave a specific amount, property, or a portion of your estate, your legacy will make a lasting difference—while offering significant tax benefits.

You can direct your gift to the Foundation's greatest needs or a specific area of care. We're happy to work with you and your advisor to ensure your wishes are honored.

If you've already included SMGH Foundation in your Will—or plan to—please complete our confidential form so we can thank you and plan ahead with confidence.

NAME (First & Last, with Preferred	Title (Mr./Mrs./Ms./Miss	s.)		
NAME OF SPOUSE (First & Last, v	with Preferred Title (Mr./	Mrs./Ms./Miss.)		
CITY	PROVINCE		POSTAL CODE	
TELEPHONE NUMBER (Home and Work)		EMAIL ADDRESS		
I/We intend to make or have Hospital Foundation:	e made the following	ng planned gi	ift to the Strathroy Middlesex Genera	
Troopital Foundation	☐ Bequest in	my/our Will (s)		
	☐ A Gift of Life Insurance			
	☐ A Charitable Gift Annuity			
others know of your generosity more members we have, the bri been included in their estate pla	like to include your name and your love for SMC ghter the future for yo an will be invited to atte	GH, they might bur Hospital. Me end an annual a	ber of the Legacy for Life Society. By letting be encouraged to take similar action. The embers who confirm that a planned gift has appreciation event featuring an update on n, you will also be recognized on the	
DONOR'S SIGNATURE		DATE		
JOINT DONOR'S SIGNATURE		DATE		
Should you have any questions or	to discuss your gift or re	cognition options	s, please reach out to:	



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Charitable Registration number 13297 4270 RR0001