

Legacy of Hope Society

COMMITMENT FORM

PERMISSION TO PUBLISH

With your permission, we would like to recognize you as a member of the *Legacy of Hope Society* by including your name on the following:

- The Foundation's website
- Foundation materials such as our Annual Report and Believe magazine

To do so, your consent is needed. Please check off all that apply below:

I/we consent to having my name appear on all *Legacy of Hope Society* recognition materials. My/our name(s) should read as follows:

I/we would like to remain anonymous.

RECORD OF INTENTIONS

We would appreciate having a copy of the section of your will outlining your plans to leave an estate gift to St. Boniface Hospital Foundation, for our confidential files. By having a written record, we can ensure your intentions are fulfilled according to your wishes.

Any information you provide to us will be kept in strictest confidence.

I/we have attached a copy of my/our will, or section of my/our will, to be kept on file for the Foundation's reference.

I/we will send a copy of my/our will, or section of my/our will, by mail, email, or in person (please circle your choice).

I/we prefer to submit the following details of my will:

Please indicate how you have left a gift in your will to St. Boniface Hospital:

I have left a percentage of my/our estate: _____ %

I have left a percentage of the residue of my estate after other bequests are made: _____ %

I have left a specific amount: \$ _____

I do not wish to provide details of my will for the Foundation's files at this time.

Name (please print)

Date

Signature(s)