

# Planned Giving Statement of Intent

I/we \_\_\_\_\_ am/are pleased to give a legacy gift to Seven Oaks General Hospital Foundation to support initiatives that contribute to innovation and excellence at the hospital, and provide the essential equipment and services needed to improve quality of life for patients and their caregivers.

## Your Legacy

**Details of your legacy gift will help us 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 Seven Oaks General Hospital Foundation as:
  - Beneficiary of a life insurance policy/RRSP/RRIF (circle one) in the amount of \$ \_\_\_\_\_
  - Owner and beneficiary of a life insurance policy in the amount of \$ \_\_\_\_\_

**I would like my gift to support:**

- Highest Priorities of Seven Oaks General Hospital  Medical Research
- Capital Equipment
- Specific area of research, department or centre: \_\_\_\_\_

In the event that it becomes impossible, inadvisable or impractical to apply this gift to the above purpose, the Foundation will direct the gift to the best advantage of the Hospital for purposes consistent with the spirit and intent of the gift.

## Contact Information

Name		Name of Spouse (if applicable)		
Address		City	Province	Postal Code
Phone Number		Email		
Date of Birth (year/ month/ day)		Date of Birth of Spouse (if applicable)		
Signature(s)		Date		

**Thank you.** We would be honoured to recognize you in our donor publications and on our donor list. To confirm how you wish to be recognized, please fill out page 2 of this form.



Seven Oaks General Hospital Foundation  
2300 McPhillips Street  
Winnipeg, Manitoba R2V 3M3  
Phone: 204-632-3552 / Fax: 204-697-2106  
Charitable Registration # 890836844RR0001

# Recognition Approval Form

## Celebrating Your Gift

Seven Oaks General Hospital would like to recognize your generosity by adding your name to our donor list.

Please specify the preferred wording:

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Example: The John C. Smith Family *or* Jane and John Smith

or

I prefer to remain anonymous.

## Publications & Website

You will be recognized as the following name in all publications and on the website unless otherwise specified.

Please specify the preferred wording:

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Example: The John C. Smith Family *or* Jane and John Smith

or

I prefer to remain anonymous in publications and on the website.

Kindly return this form to:

Lindsay Santa

Administrative Fundraising Assistant

Telephone: 204-632-3552

Email: lsanta@sogh.mb.ca

**Thank you for making Seven Oaks General Hospital part of your legacy.**



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