



The **Legacy Society** was established to recognize donors who have informed Hospice Niagara, confidentially and in writing, that they have included Hospice Niagara in their estate plans through a bequest, trust, life-income gift, or other planned gift.

As a Hospice Niagara **Legacy Society** member, you will receive a certificate of appreciation and invitations to special Society events. Your gift will also be recognized publicly, unless you choose to give anonymously. Recognition would include your name listed on the tv donor display in The Stabler Centre and in the June "Legacy" edition of Hospice Niagara newsletter.

Legacy Society's purpose is to:

- Honor and thank members of the Hospice Niagara family whose thoughtful estate planning will advance the quality of palliative care in the Niagara Region
- Promote interest in planned gifts as a vehicle for supporting the mission of Hospice Niagara
- Recognize programs and services that have been supported through planned gifts

Your membership in the **Legacy Society** demonstrates your commitment to the continuation of compassionate end-of-life care and support for Niagara residents in need of our services.

Please complete the form below if you wish to join the **Legacy Society**.



Hospice Niagara's Legacy Society recognizes donors that have informed us that they have included Hospice Niagara in their will, trust or through other planned giving vehicles.

Join the Hospice Niagara's Legacy Society:

- 1) Talk to your family and professional advisors about making a gift to Hospice Niagara as part of your estate/financial plan.
- 2) Inform Hospice Niagara of your gift intentions. There is no gift amount minimum required to be considered.
- 3) Fill out the membership form below and return it to:

Hospice Niagara  
c/o Legacy Associate  
403 Ontario Street, Unit 2  
St. Catharines, ON L2M 1L5

Yes, I/we would like to be enrolled as a member(s) of Hospice Niagara's Legacy Society. I/we have made intentions for a planned gift to Hospice Niagara in my/our estate plans. In the event of unforeseen circumstances that would require me to change this provision, I agree to notify Hospice Niagara of the change.

Yes, I/we would like to be recognized for our planned gift to Hospice Niagara, which will help to encourage other donors to give through planned gifts.

Yes, I/we would like to be a member of the Hospice Niagara's Legacy Society, but I/we prefer to remain anonymous.

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Name (s)

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Signature(s)

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Date

\* Copies of documents that further describe the above provisions are required. In particular, a copy of the section of your will, trust agreement, beneficiary form, or other document containing the provision(s) would be appreciated. This information is only needed for our records and, of course, will be kept confidential.