



PLANNED GIFT INTENTION FORM

*A Gift in Your Will*

A bequest in your will is a simple, thoughtful way to reflect your vision for compassionate excellence in health care for the future of the Winchester District Memorial Hospital (WDMH) and its patients. If you have provided or intend to provide a bequest for the work of the hospital, please complete and sign this Planned Gift Intention Form.

- I have already included the WDMH Foundation in my will.
- I intend to include the WDMH Foundation in my will.

The following confidential details of your plans, should you wish to share them, would be helpful to the WDMH Foundation in planning for the future. Please see our "[Sample Language for Wills and Bequests](#)" document for more sample language to confirm with your lawyer.

*I've chosen to give:*

- a percentage of my estate, \_\_\_\_\_%
- a percentage of the residue, \_\_\_\_\_% of my estate after other bequests are made
- a specific amount, \$ \_\_\_\_\_
- the above selected option, to be dispersed after my surviving spouse passes

*About You: Please fill out the following information (please print)*

**Your full name**

(Mr./Mrs./Ms./Miss/Dr.) \_\_\_\_\_

Birth date (optional) \_\_\_\_DD\_\_\_\_MM\_\_\_\_YYYY

**Spouse's full name (if applicable)**

(Mr./Mrs./Ms./Miss/Dr.) \_\_\_\_\_

Birth date (optional) \_\_\_\_DD\_\_\_\_MM\_\_\_\_YYYY

**Your Contact Information**

Street address (Street and Number) \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail \_\_\_\_\_



**Recognition Contact (can state executor, next of kin or lawyer)**

(Mr./Mrs./Ms./Miss/Dr.) \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_

- Yes, this person can be contacted to confirm my/our recognition preferences
- This person is my/our executor
- This person is my/our next of kin
- This person is my/our lawyer

***Use of Your Bequest Gift***

See page 3 for a list of the available WDMH Foundation funds that you can choose to direct your gift to. If you choose to designate your gift, we strongly encourage you to utilize a "Power to Vary" clause within your will (or a codicil to your will) that can be found in our "Sample Language for Wills & Bequests" document.

***Power to Vary***

We encourage you to check this box to offer flexibility based on the circumstances at the time of your passing.

- If circumstances make it impossible or impractical to carry out my above preferred designation, I empower the WDMH Foundation Board of Directors to use my gift to the hospital's best advantage for other purposes consistent with the spirit and intention of my gift.

Signature of donor \_\_\_\_\_ Date \_\_\_\_\_

Signature of spouse \_\_\_\_\_ Date \_\_\_\_\_

(if applicable)

**TALK WITH YOUR FAMILY. TALK WITH YOUR ADVISOR. TALK WITH US.**



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Please note that the information included in this fact sheet is not intended as legal, financial or tax planning advice. When considering any planned gift, you should always consult professionals and your family (as preferred).



# FOUNDATION FUNDS

WDMH

*Choose how we use your gift*

- \* Foundation Funds supporting a **variety of local health care**:
  - “Health Care Undesignated Fund” (to support the highest priority needs at either WDMH or Dundas Manor, as determined by the WDMH Foundation Board of Directors at the time of the gift).
- \* Foundation Funds supporting **the Dundas Manor** include:
  - the “New Dundas Manor (Redevelopment) Fund” (to support the redevelopment of the new Dundas Manor);
- \* Foundation Funds **supporting WDMH** include:
  - the “Family Care Fund” (Supporting care for all families just like yours. Where your gift is needed most);
  - the General Equipment Fund (solely in support of the purchase of medical equipment);
  - the “Cancer Care Fund” (to support patient care and medical equipment purchases related to cancer);
  - the “Ophthalmology Fund” (Supporting patient care and equipment purchases for patients with ophthalmological diagnoses & treatments);
  - and the “Building and Renovations Fund” (Supports the physical building of the hospital, whether it be a renovation or a new build).