



ISLAND HEALTH
FOUNDATION

Legacy Circle

Your act of generosity, our longevity.

With a legacy gift, you provide future support for Island Health and your community. Your gift will continue to make a difference - strengthening the hospital and improving the lives of those who turn to us for care - for generations to come. That's a legacy you can be proud of.

If you have provided for Island Health Foundation in your estate plans, please return this form so that we can recognize your generosity appropriately. The information you provide about your legacy gift will ensure the accuracy of our records so that we can provide the best possible stewardship of your gift.

Declaration of Intent

I/We have established a lasting legacy by remembering Island Health Foundation in the following way(s):

- ☐ Will or Trust ☐ Retirement Account/IRA ☐ Life Insurance Policy
☐ Gift of Real Estate ☐ Other: _____
☐ I have included a copy of the portion of my estate document naming Island Health Foundation as a beneficiary.

Designation

I would like Island Health Foundation to use my gift to benefit:

- ☐ Area of Greatest Need ☐ Endowment
☐ A Specific Fund: _____

Legacy Circle Listing

- ☐ I/We give permission to list my/our name in IHF Legacy Circle Listing with the understanding that the amount of the gift is strictly confidential.

Please list my/our name as follows: _____

- ☐ Although the Island Health Foundation is currently included in my estate plans, I wish to remain **Anonymous**.

This Declaration of Intent is an expression of my present plans and is subject to change or modification by me.

Signature: _____ Signature: _____

IHF Representative Signature: _____ Received On : _____