

## **Bequest Gift Confirmation**

## A) Confirmation

If you have made a bequest or planned gift to The 519, we want to record your intentions and have an opportunity to show our appreciation. Notifying us does not create any legal obligation on your part.

Nan	ne:		
Add	lress:	Phone Number:	
City	:	Postal Code: E-Mail:	
(Thi	•	nal Information: rmation is <b>confidential</b> . It helps us plan and, most importantly, ensures that your gift v tend.)	vill be used
l co	nfirm th	the following provision(s) in my will for The 519:	
		Bequest in the amount of \$ or% of my estate.	
		Beneficiary of my RRSP, RRIF, or pension plan in the amount of \$ or of this plan.	
		Beneficiary of a life insurance policy with the face value of \$ Name of Company	Insurance
		Other (please specify)	
The	use of	of this gift is for:	
		Area of Greatest Need	
		Restricted for the following purpose(s):	
	Na	Name of Fund (if applicable)	
The pub	519 wo lication arding t	ssion for Recognition: would like to recognize your generosity. Your name, if you agree, will be included in one and other public acknowledgements, including The 519 reports to donors. Details of the nature, amount and use of your bequest will be kept strictly confidential.  Int The 519 permission to include my name in donor listings as:	
	<u></u>		
	(Note:	e: The 519 does not use titles, honorifics or suffixes when listing names.)	
	I wish	h to remain anonymous. Do not publish my name during my lifetime.	
Sign	nature:_	e: Date:	
		Please return this completed form to:	

Stacy G Kelly • Director, Philanthropy SKelly@The519.org • 416-355-6778 519 Church St. Toronto, ON M4Y 2C9

The 519 is a registered Canadian charity (119310761-RR0001) and respects the privacy of donors. The personal information that you provide will be held in the strictest of confidence. Your information may be used to provide tax receipts, to contact you regarding your gift, and to keep you informed of other The 519 events and activities.