



Heritage Society – Recognizing your contribution

Your intention to arrange for a planned gift, for the future benefit of The Foundation of Guelph General Hospital, enables you to become a member of the Foundation's Heritage Society. This group is made up of supporters characterized by their long-term vision and desire to support the future of Guelph General Hospital.

The Heritage Society honours those who intend to make a provision for a future gift through a bequest, life insurance, annuity, or trust arrangement. There are no dues or other obligations to be a member, and we recognize that many planned gifts are revocable.

Each year, Heritage Society members are invited to our annual recognition event. From time to time, Society Members are also provided with special in-person opportunities to learn more about the work of the Hospital.

Once you confirm that a planned gift has been made, please let us know. This provides us an opportunity to ensure we are able to meet your wishes, should you prefer to designate your donation to a specific area of the Hospital. Members who confirm a gift also receive a Heritage Society lapel pin as a special remembrance.

With your permission, the Foundation will also recognize your generosity on The Heritage Society section of our donor recognition wall. We understand that most people do not give in this way to be recognized and all requests for anonymity will, of course, be honoured. It is our hope that individuals will agree to make their names known, as we have the opportunity to say 'thank you' in a meaningful way.

For more information, please contact:

Lori Muzak McComb
Senior Development Officer
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519.837.6440 ext. 2569



Planned Giving Donor Information Form

Name: _____

Address: _____

City: _____ Province: _____ Postal: _____

Phone: _____ Email: _____

Birthdate: _____

Day

Month

Donor Recognition:

Planned Gifts are recognized on a distinct area of our Donor Recognition Wall, located in the Hospital's main lobby. We would like to include an inscription of your choosing (eg. your name, in memory of or in honour of a loved one) to recognize your planned future commitment to the Hospital.

Yes, please recognize my/our gift as follows:

No, I/we prefer to remain anonymous.

Heritage Society:

I am/We are pleased to accept membership in the Heritage Society

I am/We are willing for our names to be listed as a member of the Heritage Society. Our names should appear in the Heritage Society records as follows:

Name(s) _____

It would be helpful for our long range planning to know details of your planned gift. In addition, this would ensure we are able to carry out your wishes. If you feel comfortable, please briefly explain your charitable bequest below, or send a copy of the portion of your will that pertains to your gift for the Foundation. Your information will be treated with the utmost care and respect for confidentiality. We also understand that your plans are always subject to change

Thank you!

