



## BEQUEST INTENTION FORM

We are honored that you have chosen Jim Pattison Children's Hospital Foundation (JPCHF) to help you leave your legacy. Though the information you provide on this form is optional and not legally binding, any details you can provide will help JPCHF achieve your planned giving goals, ensuring your vision for the enhancement of maternal and children's health care continues for generations.

Full Name (print): \_\_\_\_\_ Birth Date (dd/mm/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Check all that apply:**

- I have included Jim Pattison Children's Hospital Foundation in my will.
- I intend to include Jim Pattison Children's Hospital Foundation in my will.
  - I plan/have left, a percentage (%) of my estate.
  - I plan/have left, a percentage (%) of the residue \_\_\_\_\_.
  - I plan/have left a percentage (%) of my estate after other bequests are made.
  - I plan/have left a specific amount, \$ \_\_\_\_\_.

**Please ensure my legacy donation supports, check all that apply:**

- Where Needed Most (%) \_\_\_\_\_
- Equipment (%) \_\_\_\_\_
- Programming (%) \_\_\_\_\_
- Research (%) \_\_\_\_\_

With your permission, Jim Pattison Children's Hospital Foundation would like to recognize your gift.

- Yes, please use my name in recognition of this gift (print name exactly how you would like it to appear):  
\_\_\_\_\_
- Please, recognize this gift in honour of (print name(s) exactly how you would like them to appear):  
\_\_\_\_\_
- No, I do not want named recognition for my gift.

Jim Pattison Children's Hospital Foundation recommends you consult legal counsel and/or a financial advisor when planning any charitable contribution. When wording your bequest to Jim Pattison Children's Foundation be sure to provide these details to your trusted counsel:

**Jim Pattison Children's Hospital Foundation Inc.  
Charitable Registration # 13530 9342 RR0001**

Signature of Donor: \_\_\_\_\_ Signed the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Executor of the Will**

Full Name: \_\_\_\_\_

Employer/Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please fax, mail or email this completed form to...**

**Jim Pattison Children's Hospital Foundation - attn: Laura Gawletz**

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