

Legacy Gift Confirmation Form

This is not a legal document. It is meant to share your philanthropic intent to support the St. Thomas Elgin General Hospital Foundation if you have made a gift in your Will or estate plan.

It is important for us to know your intent to make this gift so that we know to keep you informed of future plans. And when we know what resources we will have, we can create proactive plans to best fulfill our mission.

Contact Information

Dr. Mr. Mrs. Ms. Miss

Dr. Mr. Mrs. Ms. Miss

Name:

Name (spouse):

Email:

Email (spouse):

Date of Birth:

Date of Birth (spouse):

Address:

City:

Province:

Postal Code:

Country:

Telephone: