

## GIFT NOTIFICATION *(This is not a legal document)*

**IF** you name Alberta Children's Hospital Foundation (ACHF) as a beneficiary in your Will, RRSP/RRIF, or Life Insurance Policy, **AND** complete as much of this form as you are comfortable with, **THEN** a 25 percent matching donation (up to \$250,000) will be directed to a current program or area, while matching funds are still available.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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

Please include my spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

## I WOULD LIKE FOR MY PLANNED GIFT TO QUALIFY FOR THE LEGACY CHALLENGE!

I/We have included Alberta Children's Hospital Foundation (ACHF) as a beneficiary of my/our:

Will     RRSP or RRIF     Life Insurance Policy     Other \_\_\_\_\_

With a gift value of: *(please indicate your choice)*

\$ \_\_\_\_\_ (if a specific, fixed dollar amount is named)

\_\_\_\_\_ % of my/our current estate, currently estimated at \$ \_\_\_\_\_

\_\_\_\_\_ % of my/our RRSP or RRIF, currently estimated at \$ \_\_\_\_\_

\$ \_\_\_\_\_, the current cash value of the death benefit of my life insurance policy

There are so many exciting areas of research and care to support and we look forward to helping you find the most meaningful one(s) to direct your matched dollars toward. Please indicate your area of general interest below:

Donor Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Donor Signature(s) \_\_\_\_\_

Donor Name(s) for recognition purposes in our Family of Hope Legacy Society:

Please write ANONYMOUS if you do NOT wish to receive named recognition of your gift.

To return your form, or for more information, please contact:

**Stephanie Nitschke**  
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403.955.8862

**Sheelagh Mercier**  
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403.955.8837



### THANK YOU!

Your future gift will ensure excellent pediatric health care for generations to come.