



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 1	O QUALIFY FOR THE LEGACY CHALLENGE!
I/We have included Alberta C RRSP or RRIF	•	(ACHF) as a beneficiary of my/our: Other
With a gift value of: (please in	ndicate your choice)	
\$		(if a specific, fixed dollar amount is named)
-	% of my/our current es	tate, currently estimated at \$
	% of my/our RRSP or RRIF, currently estimated at \$	
\$, the current cash value	e of the death benefit of my life insurance policy
		upport and we look forward to helping you find the most meaningful one(s) area of general interest below:
☐ Personalize care for every child ☐		☐ Bring care closer to home for kids
☐ Empower the best and brig	ghtest minds	Invest in places + tools to advance child health care + research
Donor Name(s)		Date
Donor Signature(s)		
Donor Name(s) for recognitio	n purposes in our Family of H	ope Legacy Society:
Please write ANONYMOUS if you do	NOT wish to receive named recogni	tion of your gift.

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

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