

## MY TESTIMONIAL TO THE SCARBOROUGH HOSPITAL FOUNDATION

It is very important for us to know why you are making this very special gift to help save lives. Please share your story – why you are leaving a special gift to The Scarborough Hospital Foundation in your will / estate plan. Feel free to use your own words, include any information or photos you wish us to have. This form has been created to help you share information so we can thank you properly and know why you made this decision.

Every year the foundation and hospital will host an event to thank all of our estate donors and their representatives / family members. We will only share information you permit us to share through the use of this form. Additional information can be included on the back or attached.

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**Yes!** I have left a gift in my will to The Scarborough Hospital Foundation to help future generations have access to life-saving care, treatment and medicine.

My name: \_\_\_\_\_ Spouse's name: \_\_\_\_\_

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

Today's date: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

### ABOUT ME

*I would like the Foundation to know this about me and the reasons I have left this gift:*

My home town / country I grew up in: \_\_\_\_\_

My place of employment/ job for most of my life: \_\_\_\_\_

I retired in (year): \_\_\_\_\_

The most influential person in my life was: \_\_\_\_\_

My family members: (eg. siblings, number of children) \_\_\_\_\_

My hobbies early in life: \_\_\_\_\_

My interests and hobbies later in life: \_\_\_\_\_

Special friends and /or pets that made a difference in my life: \_\_\_\_\_

Other information I would like you to know about me/ my family/ my life: \_\_\_\_\_

### MY RELATIONSHIP WITH THE SCARBOROUGH HOSPITAL

I was employed by the hospital: Yes \_\_\_ No \_\_\_ Position and years employed: \_\_\_\_\_

I was a volunteer: Yes \_\_\_ No \_\_\_ Volunteer position and years: \_\_\_\_\_

Times I used the hospital: \_\_\_\_\_

Special people at the hospital or Foundation that encouraged me/ supported me: \_\_\_\_\_

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## ABOUT MY GIFT

I would like my gift to be anonymous (note: legacy gift amounts are not disclosed). Yes  No

You may use my gift to promote legacy giving to other people in a newsletter story or annual report. Yes  No

My photograph is enclosed for future use in promoting my gift.  
(Please ensure your name and date of the photograph is on the back) Yes  No

If my gift is more than \$100,000; please dedicate a room/area in my name:

A quiet room for family members       A waiting room for clinics       A patient room

The areas of the hospital I am most interested in are:

Emergency       Critical Care       Family Medicine

Geriatric Program       Dialysis       Diabetes

Maternal Newborn       Surgery       Pediatrics

Oncology

Please note the Foundation will do everything possible to grant your room wish as space allows.

The wording on the plaque: \_\_\_\_\_  
\_\_\_\_\_

Please invite the following people to a reception to honour my legacy gift in the year it is received by the Foundation:

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

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

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

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

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

## The Scarborough Legacy Society

I am interested in meeting with a Foundation representative once a year to learn about hospital news. Yes  No

I am interested in attending The Scarborough Hospital Legacy Society events. Yes  No

Please feel free to include any additional information you would like us to know about yourself and your special legacy gift to The Scarborough Hospital.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please contact us anytime: The Scarborough Hospital Foundation

By Mail: 3030 Lawrence Ave E, Toronto, ON, M1P 2V5

In Person: Medical Mall, Suite 310A, General campus or  
Administration, Birchmount campus

Telephone: (416) 431-8130

Email: foundation@tsh.to

Website: www.tsh.to

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