



## Confidential Letter of Intent

**I am pleased to inform you that I have included the CHUM Foundation as a beneficiary in my estate plan, leaving the organization the following:**

- |   |   |
|---|---|
| <input type="radio"/> Gift by will                      | <input type="radio"/> Life insurance policy |
| <input type="radio"/> Retirement plan (RRSP, RRIF, LIF) | <input type="radio"/> Charitable annuity    |
| <input type="radio"/> Charitable remainder trust        | <input type="radio"/> Gift of securities    |
| <input type="radio"/> Other assets: _____               |   |

**I have planned a charitable bequest (confidential):**

- For \$ \_\_\_\_\_ \*
- For \_\_\_\_\_ % of the residue of my/our estate, equal to an estimated value of \$ \_\_\_\_\_ \*

\*Letting us know in advance how much you plan to give the CHUM Foundation helps us better plan our future projects. However, if you'd prefer to keep the amount private, please feel free to leave this field empty.

**I have decided that my gift will be:**

- Dedicated to the CHUM Foundation's most urgent needs
- Dedicated to other needs, such as: \_\_\_\_\_

**In recognition, the CHUM Foundation would like to add my name to its list of donors who have made a planned gift.**

- I agree that my name can be published in recognition.
- I prefer for my gift to remain anonymous.

**Sharing your testimony is a great way to help the Foundation inspire others to give. Would you like to share your story with the CHUM?**

- Yes
- Not right now

*I understand that this statement of intent will remain strictly confidential and is not legally binding. It cannot replace a will, life insurance policy or charitable annuity agreement. This statement demonstrates my commitment to the viability and sustainability of the projects supported by the CHUM Foundation.*



**Your contact information**

Name (in block letters): \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Your personal information may be used to send you messages, such as fundraising appeals and information about our activities. Details on how your information may be used can be found in the Privacy Policy on our website. Contact us if you would like to unsubscribe or limit the use of your information.

**Marital status**

- Single                       Married                       Common-law  
 Divorced                       Widow(er)                       Separated

Name of my partner/spouse, if applicable: \_\_\_\_\_

**Liquidator's contact information**

Name (in block letters): \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Notary's name: \_\_\_\_\_

**Your signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please email the completed form to [plannedgiving@fondationduchum.com](mailto:plannedgiving@fondationduchum.com) or mail it to 465 McGill Street, Suite 800, Montréal, Quebec H2Y 2H1.*

**Thank you from the bottom of our hearts for including the CHUM Foundation in your will!**