LEGACY GIFT CONFIRMATION FORM



A gift to Birchway Niagara, through your estate plan, like a bequest, gift of life insurance or other gift, ensures that there will always be a safe shelter and services to help families in Niagara affected by gender-based violence into the future.

If you have made or intend to make a future gift to Birchway Niagara, please complete this confidential form and return it to us. It is important for us to get to know you and your intentions so we can ensure that your wishes are fulfilled in the future. Please note that when remembering Birchway Niagara in your Will, you will need to use our legal name: Women's Place of South Niagara Inc.

Please provide the following information	ո։
Name/s:	Phone:
Address:	Email:
I/we confirm the following legacy gift to	Birchway Niagara:
☐ A gift in my Will in the amount of \$☐ Gift of a life insurance policy:	or % of the residue of my estate
☐ Owner and beneficiary of a life	insurance policy. The value of
this policy is \$	
☐ Beneficiary only of a life insurar is \$	nce policy. The value of this policy
□ Other	
member, you will belong to a group of allie philanthropy. Should there be opportunity indicate if and how you wish to be recogn	y to publicly acknowledge your gift, please
Signature:	Date:
Would you be interested in sharing your s	story on why you have chosen to leave a legacy
gift to inspire others? If yes, we will contac	ct you: ☐ Yes ☐ No
Please return this completed form	For further information, please
to: Attn: Amanda Braet	contact: Amanda Braet, CFRE
Birchway Niagara 8903 McLeod Road	Director of Development & Stewardship (905) 356-3933 ext. 240
Niagara Falls, ON L2H 3S6	amandab@birchway.ca

Birchway Niagara encourages all donors who are planning a legacy gift to seek independent legal and/or financial planning advice.