LEGACY GIFT CONFIRMATION FORM

Please provide the following information:



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.

r lease provide the following information.	
Name/s:	Phone:
Address:	Email:
I/we confirm the following legacy gift to B	irchway 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 in	nsurance policy. The value of
this policy is \$	
☐ Beneficiary only of a life insurance is \$	e policy. The value of this policy
□ Other	
philanthropy. Should there be opportunity to indicate if and how you wish to be recogniz I would like my name(s) to appear as I/we wish to remain anonymous	
Signature:	Date:
Would you be interested in sharing your sto	ory on why you have chosen to leave a legacy
gift to inspire others? If yes, we will contact	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.