

Bequest Intention Form

Your legacy gift will help us as we continue to find long lasting solutions in preventing hunger tomorrow – thank you!

Please fill out this form so we can better understand the intentions for your gift. By completing this form, you are simply sharing your intentions, and does not commit you in any way. If you have questions, please contact (905)-602-5234 ext. 888 or e-mail giving@foodbankscanada.ca.

Name (Print)		
Address		
City	Province	Postal Code
Phone Number	E-mail Address	
Tell us about your gift: If you would like to share more about each gift, based on today's value:	ut your gift, please check	all that apply, and the estimated amount of
□ Will	\$	
☐ Insurance Policy	\$	
☐ Charitable Remainder Trust	\$	
☐ Real Estate	\$	
☐ Other	\$	
How would you like to be recognize	ed for this gift?	
☐ I/We would like to be recognized Please include my/our name as		may include listing with a dollar range.
\square I/We would like to keep my gift a	and gift amount private. P	lease list me as Anonymous.
☐ I/We prefer that our gift not be lican be listed as		e, but please include my/our names. I/We

Thank you! Please return this form to the address below, or e-mail to giving@foodbankscanada.ca.