

LETTER OF INTENT

Thank you for your intention to include Covenant Foundation in your Will. We ask that you complete this form with as much detail as you are willing to share. Any information about your gift will remain confidential and does not create a legal or binding obligation.

Gift in Will

I/we desire to include Covenant Foundation as a beneficiary of my/our estate plans as follows:

1. My/our Trustee shall pay or transfer to Covenant Foundation the sum of (amount) \$ _____

Or

My/our Trustee shall pay or transfer to Covenant Foundation _____% of my/our estate.

2. Particular property(ies) such as real estate, stocks, bonds, mutual funds, securities, jewellery, works of art, or other items. Unless the property is useful to Covenant Foundation, it will be sold, and the proceeds, less any appraisals and selling costs, applied per the terms of the bequest.

My/our Trustee shall transfer to Covenant Foundation (description of property)

Designation

I/we confirm that my/our bequest or the proceeds from another type of legacy gift be directed to (Check as many as applicable; if selecting multiple designations, please indicate the percentage of your gift being directed to support each.)

<input type="checkbox"/> Areas of Greatest Needs	<input type="checkbox"/> Misericordia Community Hospital – Edmonton
<input type="checkbox"/> Compassionate Care & Programs	<input type="checkbox"/> Saint-Thomas Health Centre – Edmonton
<input type="checkbox"/> Covenant Centres of Excellence	<input type="checkbox"/> St. Joseph's Auxiliary Hospital – Edmonton
<input type="checkbox"/> Revitalizing Facilities	<input type="checkbox"/> St. Joseph's General Hospital – Vegreville
<input type="checkbox"/> State-of-the-Art Equipment	<input type="checkbox"/> St. Joseph's Home – Medicine Hat
<input type="checkbox"/> Tomorrow's Possibilities (breakthrough research, technologies and innovations)	<input type="checkbox"/> St. Marguerite Manor Dulcina Hospice – Calgary
<input type="checkbox"/> Banff Mineral Springs Hospital	<input type="checkbox"/> St. Marguerite Manor Supportive Living – Calgary
<input type="checkbox"/> Chateau Vitaline – Beaumont	<input type="checkbox"/> St. Michael's Health Centre – Lethbridge
<input type="checkbox"/> Edmonton General Continuing Care Centre	<input type="checkbox"/> St. Teresa Place – Calgary
<input type="checkbox"/> Evanston Summit – Edmonton	<input type="checkbox"/> St. Therese Villa – Lethbridge
<input type="checkbox"/> Foyer Lacombe – St. Albert	<input type="checkbox"/> Villa Caritas – Edmonton
<input type="checkbox"/> Grey Nuns Community Hospital – Edmonton	<input type="checkbox"/> Villa Marie – Red Deer
<input type="checkbox"/> Holy Cross Manor – Calgary	<input type="checkbox"/> Youville Home – St. Albert
<input type="checkbox"/> Martha's House – Lethbridge	

Other Designation

If, in the opinion of the Board of Directors of Covenant Foundation, it should become impossible, inadvisable or impractical to use this gift for the specified purpose(s), then the Board may in their discretion use the gift to the best advantage of Covenant



Foundation, keeping in mind my/our original wishes. In any such alternative application, the support provided by this bequest shall be clearly identified with the name I/we identify below.

Recognition

I/we would like to be recognized for my/our generosity as:

I/we would like to keep my/our donation anonymous

Donor Contact Information

First Name Middle Initial Last Name

First Name Middle Initial Last Name

Email

Email

Phone Number

Phone Number

Mailing Address

Executor/Next of Kin (optional)

First Name Middle Initial Last Name

Email

Phone Number

Mailing Address

What is your story? (optional)

Do you have a personal connection to our foundation or a Covenant Health, Covenant Care or Covenant Living facility we support? We would love to know about it! Please feel free to share your story with us in the space below.

Sharing donor stories with our audience helps us spread the word about our work and generate more interest from other donors. Can a member of our communications and community engagement team contact you regarding your story?

Yes, you may contact me for more information about my story

No, please do not contact me for more information about my story

Your story:

Signature

I/we understand that this declaration of intent is not legally binding; however, it does signify my commitment to the continued delivery of compassionate health care in Alberta.

Signature

Date

Signature

Date

Completed Form

Please return your completed form to covenantfoundation@covenanthealth.ca or:

Covenant Foundation
Suite #170, One Twelve Campus
10130 112 Street NW
Edmonton, AB T5K 2K4

Questions

We look forward to answering any questions you may have. Please contact us at:

Phone: 780-342-8126

Toll-free: 1-888-342-8126

Email: covenantfoundation@covenanthealth.ca

Thank you!

Your gift will help transform health care and create vibrant communities of health and healing for Albertans. Thank you for your tremendous generosity!

Charitable Registration Number: 125868125RR0001

