

# A Legacy of Giving

## Visionary Society - Pledge Form



I would like to help the Prince County Hospital Foundation meet the needs of future generations by pledging my support as “Visionary Society” donor. The Visionary Society recognizes and honours those forward thinking individuals who have made arrangements now to leave a charitable gift to the PCH Foundation in their will or through a life insurance policy. Society members are recognized on our **Legacy of Giving - Donor Wall** in the **Visionary** category.

1. Please specify the preferred wording for your inscription on the Visionary donor recognition wall.

\_\_\_\_\_

(Example: The John C Smith Family or Jane & John Smith, please print)

OR  I prefer to remain anonymous.

2. I hereby confirm my intentions as follows:

PLEDGE / INTENTIONS	DONOR WALL
<input type="checkbox"/> I have included PCH in my Will	Legacy of Giving - Visionary
<input type="checkbox"/> I have listed PCH Foundation as a beneficiary of my insurance policy.	Legacy of Giving - Visionary
<input type="checkbox"/> Other	

3. I understand that my future gift, when realized, will be used to benefit the Prince County Hospital Foundation. I would like to ensure that my gift is used to support the Foundation as follows:

- Area of Greatest Need.** I understand that my future gift to the PCH Foundation will be entrusted to the board of directors and to be used at the discretion of the board, provided that all funds are used for the benefit of the Prince County Hospital.
- Establish an Endowment.** An endowment is an enduring and forward looking gift whose purpose is to support PCH Foundation over the long term. Endowments are prudently invested and the principal amount stays intact and only the interest income is used at the discretion of the board, provided that all funds are used for the benefit of PCH Foundation. Gifts of \$5,000 or more are recognized on the Legacy of Giving, Endowment Fund Donor Wall.

Signature: \_\_\_\_\_

### CONTACT INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ (please print)

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

- ◆ Registered Charitable Number: 89352 6731 RR0001
- ◆ A portion of your gift can reduce income tax within the limits prescribed by law.
- ◆ This statement of intention shall not constitute a legal obligation to make this gift. I reserve the right to adjust/cancel in the event of unforeseen circumstances.

*Thank you for making a difference in the future of the Prince County Hospital.*