

LEGAL NAME:

Nanaimo & District Hospital Foundation

Charitable Registration No. 11905 0672 RR0001

Society Act Certificate No. S-13669

OFFICE OF RECORD: 1200 Dufferin Crescent Nanaimo, BC V9S 2B7

Including a gift in your will to the **Nanaimo & District Hospital Foundation**, can be done by using the sample bequest wording below:

Unrestricted Residual Bequest

I direct my Executors to give ______% of the residue of my Estate to The Nanaimo & District Hospital Foundation for use where it is needed most as determined in the absolute discretion of the Nanaimo & District Hospital Foundation.

Unrestricted Specific Bequest

I direct my Executors to give to The Nanaimo & District Hospital Foundation the sum of \$_____ to be used where it is needed the most as determined in the absolute discretion of the Nanaimo & District Hospital Foundation.

Restricted Bequest

I direct my Executors to give to The Nanaimo & District Hospital	Foundation the sum of \$ (c	r9ر	% of
my residue) to be used for the purpose of, prov	vided that in the event that circur	nstances	5
make the specific use of this bequest no longer practical or desirable, the Nanaimo & District Hospital			
Foundation is hereby authorized to apply the bequest to other such purposes which conform as near as			
possible to the spirit and general intent of this bequest.			

As our Hospital's needs change significantly from year to year and medical advances impact our future needs, we advise that an "unrestricted" gift is made. However, if there are departments or programs in the hospital in which you are specifically interested, feel free to state these preferences in your will so that we may direct your gift according to your wishes.

Thank you for considering a Legacy Gift to the Nanaimo & District Hospital Foundation