

Gift in Will Confirmation Form

Thank you so much for making a difference in the lives of people with sight loss by committing to a future gift for CNIB. Please take a moment to complete this confidential form and return it using the postage-paid envelope provided. The amount of information that you provide is completely optional and not legally binding, but it will allow us to better plan for the future.

Print Name		Signature	
Address			
City	Province		Postal Code
Phone	Email		
\Box I have already included a gift to CNIB in my will			
in the amount of \$		or	% of the residue of my

Recognizing your support

With your permission, CNIB would like to acknowledge you as a **Friends for Life** supporter. From time to time, we publicly recognize the names of donors who have made significant contributions, including those who make a deferred gift through the Friends for Life program. This recognition serves to not only highlight your generosity but also to encourage others to follow your leadership. We want to thank you in the way that you feel is most appropriate. Please check off **one** of the following recognition options:

Yes, I hereby consent to have my/our name(s) recognized on CNIB's donor lists, including within the organization's website and print materials such as annual reports.

Please indicate exactly how your name(s) should appear when publicly recognized:

- □ I prefer my gift to remain anonymous during my lifetime; however, when my gift is realized, I would like my estate to be recognized on CNIB's donor lists, including within the organization's website and print materials such as annual reports.
- $\hfill\square$ I would like my gift to remain anonymous in perpetuity.
- \Box I prefer not to be recognized in any way.

Which best describes the reasons for your support of CNIB?

- □ I believe in the vital role CNIB plays in helping Canadians with sight loss.
- $\hfill\square$ I have been personally helped by CNIB.
- \Box A loved one has been helped by CNIB.
- □ I believe CNIB needs strong community support to achieve its mission.
- $\hfill\square$ I wish to ensure the future financial security of CNIB.
- Other (please specify): _____

Please send this form to:

Cindi Meyer Director, Planned Giving CNIB 1929 Bayview Avenue Toronto, Ontario, M4G 3E8 1-800-563-2642 <u>legacyservices@cnib.ca</u>

To review our Privacy Policy, please visit <u>www.cnib.ca</u>

This document is for information only and is not a legally binding contract.