



## Excelsior Legacy Society Gift Confirmation Form

Name: \_\_\_\_\_

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

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

Birthdate: \_\_\_\_\_  
Month Day Year

- Yes, I have left Hillfield Strathallan College in my will.
- I plan to include Hillfield Strathallan College in my will.

If you are comfortable, please provide us the details of your gift:

- My will contains a provision for Hillfield Strathallan College in the amount of \$ \_\_\_\_\_ or \_\_\_\_\_% of the residue of my estate.
- I have named Hillfield Strathallan College as beneficiary of my:
- |  |   |
|--|---|
| <input type="checkbox"/> Life insurance policy               | <input type="checkbox"/> Charitable gift annuity    |
| <input type="checkbox"/> Retirement savings plan (RRSP/RRIF) | <input type="checkbox"/> Charitable remainder trust |
| <input type="checkbox"/> Gift of residual interest           | <input type="checkbox"/> Other: _____               |

### Donor Recognition:

- Yes, please recognize me as a member of the Excelsior Legacy Society as:

\_\_\_\_\_  
 I prefer to remain anonymous.

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please see reverse*

**Additional Information:**

Sharing the details of your planned gift is helpful for HSC's long range planning, and helps to ensure proper administration of your gift. If you feel comfortable, please send a copy of the portion of your will that pertains to your gift to HSC, or briefly explain your planned gift below. **Please include the name of your lawyer and estate trustee.**

*Your information will be treated with the utmost care and respect for confidentiality.  
We also understand that your plans are subject to change.*

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**Your comments are always welcome!**

*For more information regarding HSC's Excelsior Legacy Society,  
please contact Marnie Helmy at [marnie.helmy@hsc.on.ca](mailto:marnie.helmy@hsc.on.ca) or 905-389-1367.*