



BASIC FREE WILLS PROGRAM

STRATHROY MIDDLESEX GENERAL HOSPITAL FOUNDATION

Solicitor and Client Information

Official Invoice

Date: _____

FIRM NAME

SOLICITOR

MAILING ADDRESS

EMAIL

CLIENT NAME

TELEPHONE

CLIENT ADDRESS

SIGNATURE

CLIENT SIGNATURE

Client Authorization:

- I authorize the release of my name and address information to SMGH Foundation for program reporting purposes only.
- I authorized the release of my decision to make a charitable bequest to SMGH Foundation for program reporting purposes only.

Invoice Amount:

- Basic Will - Individual \$300 plus hst
- Basic Will - Couple \$500 plus hst

By invoicing the Free Wills Program of Strathroy Middlesex General Hospital Foundation (SMGH Foundation) I confirm that I have completed a Basic Will for a client or clients attending my office and wishing to participate in the Free Wills Program offered by SMGH Foundation.

Additional information that may be released with authorization from the Client/Clients:

- Basic Will completed with gift to charity
- Basic Will completed with gift to SMGH Foundation
- Basic Will completed - client contact information to be provided to Charity

Should SMGH Foundation be chosen as the recipient of a contribution, appropriate wording has been included on the reverse of this document.

SAMPLE BEQUEST LANGUAGE

The Foundation's legal title is the Strathroy Middlesex General Hospital Foundation.
Our mailing address is 395 Carrie Street, Strathroy ON N7G 3J4.
Our charitable registration number is 13297 4270 RR0001.

SAMPLE LANGUAGE FOR A BEQUEST:

For an unrestricted gift (of the greatest benefit to the Strathroy Middlesex General Hospital Foundation) example:

"I give, devise and bequeath to the Strathroy Middlesex General Hospital Foundation, 395 Carrie Street, Strathroy, Ontario the sum of \$_____ (or a designated portion of the residue of the estate) to be used or disposed of as its Board of Directors in its sole discretion deems appropriate."

Share of, or entire residue of estate:

"I devise and bequeath (all/or _____%) of the remainder of my property to Strathroy Middlesex General Hospital Foundation, 395 Carrie Street, Strathroy, Ontario to be used or disposed of as its Board of Directors in its sole discretion deems appropriate."

Conditional bequest in will:

"If my husband/wife does not survive me, I bequeath the sum of \$_____ to the Strathroy Middlesex General Hospital Foundation, 395 Carrie Street, Strathroy, Ontario to be used or disposed of as its Board of Directors in its sole discretion deems appropriate."

Bequest to a Specific Fund:

If the gift to Strathroy Middlesex General Hospital Foundation is for a purpose other than Strathroy Middlesex General Hospital Foundation's unrestricted use, insert the in place of the words "to be used or disposed of as its Board of Directors in its sole discretion deems appropriate." For example:

"I bequeath the sum of \$_____ to Strathroy Middlesex General Hospital Foundation 395 Carrie Street, Strathroy Ontario, for credit to the following fund":

1. The Dr. Mason Sharpe Fund for Equipment and Technology
2. The Dorothy Doan and Dr. P.C. Crowley Fund for Professional Excellence
3. The SMGH Foundation Fund for New programs and research

In the event that a gift is subject to a restriction, you may wish to consider adding one of the following provisions:

"However, I impose no legal or equitable obligation in this regard."

Or

"If in the judgment of the Board of Directors of Strathroy Middlesex General Hospital Foundation, it becomes impossible to accomplish the purposes of this gift, the income or principal may be used for such related purposes and in such manner as determined by its Board of Directors."

If further information is required, please call Susan McLean, CEO, Strathroy Middlesex General Hospital Foundation at 519-245-5632.