

Legacy Gifts Information Request Form

Please send me information on the following:

Bequests

Life Insurance

Gifts of Securities

Sample wording for including my bequest to CMHA/Peel in my will

Name

Address

City

Province

Postal Code

Tel (Home)

Tel (Bus.)

I have named Canadian Mental Health Association/Peel Branch
as a beneficiary in my will.

I would like to further discuss my giving options.