## You don't need a time machine to change the future.



Today at The Ottawa Hospital, we're using stem cells to halt devastating diseases, personalizing chemotherapy treatment, conducting major surgery through keyhole incision, dissolving brain tumours using robotic surgery, repairing hearts after heart attacks, busting deadly stroke-causing blood clots, and destroying cancer cell with viruses.

This is the health care legacy built with gifts made years ago by forward-thinking individuals who included The Ottawa Hospital in their estate plans.

Their legacy is making our community healthier today.

## Imagine what your legacy gift can do tomorrow.

Through a legacy gift to The Ottawa Hospital, you can continue to care for the health of our community well into the future. Estate planning is all about providing for your family and your community when you are no longer here.

By planning today, your foresight will contribute to better patient care, modern facilities and equipment and scientific breakthroughs for generations to come.

## The future of health care begins with you.



The Ottawa L'Hôpital
Hospital d'Ottawa
Foundation Fondation

Build a Legacy of Care

## Build a Legacy of Care

Thank you for including The Ottawa Hospital in your estate plans. A gift through your Will is a thoughtful way to invest in the future of health care in your community. It is a way you can help to build a legacy of care.

If you have provided an estate gift to The Ottawa Hospital, we would greatly appreciate your help in completing this bequest confirmation form.  I have included The Ottawa Hospital in my estate plans.	
Where it is needed most Cancer	Priorities Research
Medical Equipment Other -	- Please specify:
Is there other information you wish to share with T	he Ottawa Hospital regarding your estate plans?
We would like permission to add your name to our in our annual report's Leadership Registry, which is of the Registry is our recognition of our generous done of care at The Ottawa Hospital – ensuring world-class.  I authorize The Ottawa Hospital to list my name listed as:	distributed to both existing and potential donors.  ors, as well as individuals who are building a legacy is health care for future generations.
I wish to make my bequest confirmation and	nymously.
INFORMATION ABOUT YOU:	
Full Name (Mr./Mrs./Ms./Dr.)	Spouse's Full Name ((Mr./Mrs./Ms./Dr.)
Address (street and number)	Telephone (Work)
City Province Postal Code	Signature of Donor (mm/dd/yy)
Date of Birth Spouse's Date of Birth (mm/dd/yy)	Signature of Joint Donor (if applicable) (mm/dd/yy)

