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With my signature I am committing to leave a legacy gift from my estate to the Riverview Health Centre Foundation. I am now proud to be a member of the RHCf's "Circle of Life" Planned Giving Program.

By leaving this gift I am able to build on Riverview's legacy of care and tradition of excellence and assist Riverview in maintaining itself as a leader in providing innovative programs, services, research and education that promote the health and well-being of Manitobans.

Generosity is a learned trait and by making this gift I am hoping that others will follow so that the "Circle of Life" will always grow, resulting in life altering gifts for future generations.

Dated at _____ this ____ of _____, 20

Name: (please print) _____

Signature: _____ Witness: _____

My designated contact for this planned gift is: _____

Address: _____

Phone _____ E-mail _____