

## Codicil

### Adding a Gift in Your Will for Toronto General & Western Hospital Foundation

If you would like to include Toronto General & Western Hospital Foundation in your existing Will, please complete this Codicil form and send it to your solicitor. We would be grateful if you could also inform us of your intentions and send us a copy, so that we may acknowledge your generosity, and recognize you as a member of our **Legacy for Life Society**.

I, \_\_\_\_\_ (full name)  
of \_\_\_\_\_ (full address)

publish and declare this to be the \_\_\_\_\_ (first, second, etc.) Codicil to my Last Will and Testament (my "Will")  
dated \_\_\_\_\_ (date of Will).

In addition to any legacies given in my Will, I give to **Toronto General & Western Hospital Foundation,  
R. Fraser Elliott Building, 190 Elizabeth Street, 5th Floor, Toronto, Ontario M5G 2C4,  
Charitable Organization No. 12386 4068 RR0001:**

- \_\_\_\_\_ % share of my estate;
- the sum of \_\_\_\_\_ ;
- specific property: \_\_\_\_\_  
\_\_\_\_\_ (description)

To be used for:

- the highest priorities as determined by the Board of the Toronto General & Western Hospital Foundation;
- the purpose of: \_\_\_\_\_  
\_\_\_\_\_

If in the opinion of the Board of Directors, Toronto General & Western Hospital Foundation, it should become impossible, inadvisable or impractical to use this gift for the purpose specified above, the Board may in its discretion use the gift to the best advantage of Toronto General & Western Hospital Foundation, keeping in mind the original wishes of the donor.

SIGNED by the testator, [Your Full Name], \_\_\_\_\_ )  
as a Codicil to his/her last Will, in the presence \_\_\_\_\_ )  
of us, both present at the same time, who at \_\_\_\_\_ )  
his/her request in his/her presence and in the \_\_\_\_\_ )  
presence of each other have hereunto \_\_\_\_\_ )  
subscribed our names as witnesses. \_\_\_\_\_ )

Dated the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year).  
\_\_\_\_\_

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Address

\_\_\_\_\_  
Witness Occupation

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Address

\_\_\_\_\_  
Witness Occupation