

Recognizing Your Gift • Bequest Confirmation Form

By remembering the Canadian Mental Health Association, Windsor-Essex County Branch (CMHA-WECB) in your estate planning, you can make a lasting investment in the lives of individuals living with a mental illness. A bequest can change the lives of so many individuals and families, by helping provide the crucial resources and supports needed to address mental illness and mental illness stigma.

If you have made or intend to include a gift in your will to CMHA-WECB, please take a moment to complete this confidential form and return it to us.

Name:			
Spouse's Name:			
Address:			
City:	Prov/State:	Postal/Zip Code:	
Home Phone:	Work Ph	one:	
Email:			
_ I/We have already in Essex County Branch		ental Health Association, Wind	dsor-
_ I/We intend to include County Branch in my/		Health Association, Windsor-	Essex
_ The name(s) on any l	istings should read as fol	lows:	
I wish to remain anon	ymous		
Donor's Signature:		Date:	
Joint Donor's Signatu	re:	Date:	
Attn: Kim Willis	Ith Association, Windso	(519)255-7817, Or by mail to: or-Essex County Branch	