Legacy Gift Intention and Recognition Form

Making a gift in your Will is a deeply personal decision. We appreciate your interest in supporting The Food Sharing Project in such an impactful way. Kindly complete this form to confirm your legacy gift and your wishes for recognition and return it, in confidence, to The Food Sharing Project. If you have any questions, please contact the Executive Director at 613.530.3514 or info@foodsharingproject.org. Thank you for considering The Food Sharing Project as a beneficiary of your estate plans

Please check the appropriate boxes:	
☐ Yes! I have included The Food Sharing Project in my es	state/financial plans.
☐ I have included The Food Sharing Project in my Will. M A specific amount, the value is \$(op OR: A percentage of the residue of the estate. The estin	tional to include)
☐ I have designated The Food Sharing Project as the ben The estimated value is \$ (optional to inc	
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understand that this statement of intent is revocable and	d does not replace a will or other legal document.
Signature: Da	nte:
Please take a moment to share with us how you would like	e to be recognized for your generosity.
☐ Yes! Please recognize my/our legacy gift when realized Project.	d in digital or print materials of The Food Sharing
My/our name(s) should appear as	
(Examples: David Smith, David and Deborah Smith, Davi	d Smith & Family, In honour of The Smith Family)
\square No, I/we wish my/our gift to remain anonymous.	
Signature:	_ Date:

Are you willing to share your legacy story in our communications (donor spotlights, social media, testimonials, quotes)?	
☐ Yes! Please contact me at ☐ No, thank you.	_ (email or phone)
Please let us know what inspired you to include The Food Sharing Project in your estate/financial plans (optional):	
Thank you for completing and returning to The Food Sharing Project at info	@foodsharingproject.org.
For more information, please contact:	
The Food Sharing Project	
613.530.3514 info@foodsharingproject.org	



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Providing healthy food to students