

## **Will Bequest Pledge Form**

| I/we do not wish my/our gift to be publicly acknowledged.  |   |  |
|--|---|--|
| Phone/TTY:   | Email:                                    |  |
| City:  | Province:                                 | Postal Code:   |
| Address 2:   |   |  |
| Address 1:   |   |  |
| Name:  |   |  |
| Signature:   |   | Dated:   |
| Swallowtail Butterfly Bequest Services gift to benefit Canadian Hearing Services Swallowtail Butterfly Bequest Services generosity by including your name in | vices. CHS invites<br>es. In addition, we | you to become a member of the would like to recognize your |
| The amount of provision in my will is  | \$  | or will be revealed at a later date.                       |
| I have confirmed this provision with r commitment is revocable at any time Hearing Services.   |   |  |
| I,support Canadian Hearing Services.   | , am pleased to                           | o make a provision in my Will to                           |
| Canadian Hearing Services. If you have Hearing Services, or intend to do so,   | ave made a beque                          | est in your Will to Canadian                               |

Should you have any questions, please contact our fundraising department:

1-866-518-0000 ext. 4185

TTY: 1-877-215-9530 Fax: 1-833-366-4137 Email: giving@chs.ca

