

Legacy of Love Circle Membership Form

I am pleased to accept membership in the Legacy of Love Circle on the basis that I have included Our Place Society in my estate plans as follows:

I have named Our Place Society as a beneficiary in my will (a residual gift) (a pecuniary gift)

I have named Our Place Society as a beneficiary of a life insurance policy

I have named Our Place Society as a beneficiary of my retirement funds (RRSP, RRIF, or TFSA)

I have arranged an annuity, trust, or other residual interest gift

Please complete the following (all personal information is kept strictly confidential):

Prefix _____ First name _____ Last name _____

Street address _____ City _____ Postal Code _____

Postal Code _____ Email _____ Phone _____

Optional information:

I have included a copy of the section of my estate plan pertaining to my charitable gift

Estimated value range \$_____

Our Place honours the members of the Legacy of Love Circle in its donor newsletter and on its website:

I would like to be acknowledged as _____

I would like to leave my gift in honour of _____

I would prefer to remain anonymous

I would be willing to share my donor story to help inspire others to make legacy gifts to Our Place Society (this could include a donor profile article in the Our Place newsletter or on ourplacesociety.com).

Signature _____ Date _____

Please complete this form and email it to legacy@ourplacesociety.com or mail it to

Our Place Society

Attn: Diana Gallivan

94 Talcott Road

Victoria, BC V9B 6L9

Thank you for sharing your values of compassion and caring. Your legacy of love will provide hope and belonging for the future. If you have any questions about this form, please contact Diana Gallivan at legacy@ourplacesociety.com or 250-940-5063.