



Planned Gift Confirmation Form

A planned gift is a meaningful way to support Defeat Duchenne Canada in funding research to find a cure for Duchenne muscular dystrophy. Leaving a legacy today can make a lasting difference for tomorrow. Please take a moment to complete this confidential form and return it to us.

Please select one of the following options for your planned gift:

- I have named Defeat Duchenne Canada - The Jesse Davidson Foundation as a beneficiary in my will
 - in the amount of \$ _____ or
 - ____% of the residue or
 - prefer not to specify
- I have named Defeat Duchenne Canada as the beneficiary of a life insurance policy with a value of \$ _____
- I have purchased a new life insurance policy with a value of \$ _____ and named Defeat Duchenne Canada - The Jesse Davidson Foundation as owner and beneficiary
- I will donate a paid-up life insurance policy
- I have named Defeat Duchenne Canada - The Jesse Davidson Foundation as beneficiary of ____% of RRIF/RRSP proceeds

I would like my gift to support (please select one):

- Highest Priority Needs determined by the Defeat Duchenne Canada board of directors
- Jesse Davidson Endowment Fund

I would like this gift to:

- Remain anonymous in perpetuity
- Be included in any listing of planned gift donors

(form continues on next page)

Donor information:

Full Name (Mr./Mrs./Ms./Miss/Dr.)

Name of spouse(*if applicable*)

Address

City

Province/State Country

Postal/ZipCode

Phone #

Email

Date of birth (dd/mm/yyyy)

Spouse date of birth(dd/mm/yyyy)

Signature: _____ Signature of spouse: _____

Date: _____ Date: _____

N.B. This is not a legal document. All information shared with Defeat Duchenne Canada is confidential in accordance with our Privacy Policy and is used only to ensure our donors' intentions are fulfilled. For any questions, please contact our office at 519-645-8855 or visit our website at www.defeatduchenne.ca.