

BEQUEST FORM

Please complete and return this form by Email at juli.meilleur@leucan.qc.ca

1 IF YOU HAVE ALREADY DESIGNATED LEUCAN IN YOUR WILL - OR PLAN TO DO SO - AND WOULD LIKE TO INFORM US OF THE DETAILS OF YOUR BEQUEST, PLEASE COMPLETE THE SECTION BELOW:

I wish to leave the following percentag	ge of the remaining portion of my e	estate, after deducting specific bequests
and paying my debts and administrati	ve expenses, which is	%.
I wish to leave a specifically designate	d amount of \$	·
I wish to bequeath the following share	S:	
in the amount of \$	·	
I wish my bequest to be made in hono	or of:	
I would like to share a testimonial abo	ut my bequest in order to encourag	ge other donors to support Leucan.
-		
YOUR INFORMATION		
Mrs Mr Last Name	First Nar	ne
Home address		
City	Province	Postal code
Phone (work)	Phone (home)	
Cell phone	Email	
(YOUR SIGNATURE)		(DATE)