Sir Edmund Walker's Society

Appleby College Legacy Gift Information Form



Your Name(s)		
Thank you for choosing to remember To help us respect your wishes, pleasit to msnyder@appleby.on.ca or mailties to msnyder@appleby.on.ca or m	se complete this form. Upon complete il it to Advancement Department, A	etion you may scan and email
The nature of my/our gift is:	Bequest by will Life insurance Gift annuity or Charitable Remainder Trust (CRT) Other	
My/our future gift is to benefit:		
Student Financial Assistance Employee Recognition Area of greatest need Other		Athletics Boarding Life Wellbeing
To encourage others to consider such a gift, I/we agree to have my/our name(s) listed as (a) legacy donor. The nature and amount of my/our gift will remain confidential My/our name(s) should appear as:		
I/we wish to remain anonymous d	uring my/our lifetime.	
I/we would be pleased to be part	of the Sir Edmund Walker's Society	Membership.
If you feel comfortable, please tell udesignation, copy of codicil).	s a little more about your legacy gift	t (i.e. set amount, any
Your signature(s)		Date
Email address	address Phone:	

Appleby College thanks you for your future gift.

Please return your completed form to: Advancement Department, Attention: Melanie Snyder, Appleby College, 540 Lakeshore Rd. W., Oakville, ON L6K 3P1 or email: msnyder@appleby.on.ca