

## Adding a gift in your Will for Sinai Health Foundation

If you would like to include Sinai Health Foundation in your existing Will, please complete this Codicil form and send it to your solicitor. We would be grateful if you could also inform us of your intentions and send us a copy, so that we may acknowledge your generosity, and recognize you as a member of The Dworkin Society.

I, \_\_\_\_\_ (full name)  
of \_\_\_\_\_ (full address)  
publish and declare this to be the \_\_\_\_\_ (first, second, etc.) Codicil to my Last Will and Testament  
dated the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

In addition to any legacies given in my Will, I give to **Sinai Health Foundation,**  
**1001-522 University Avenue, Toronto, Ontario, M5G 1W7 (Charitable Registration# 119048106 RR0001):**

\_\_\_\_\_ % share of my estate;

the sum of: \$ \_\_\_\_\_

specific property: (description)

### To be used for:

the highest priorities as determined by the Board of the Sinai Health Foundation;

the purpose of: (description)

If in the opinion of the Board of Directors, Sinai Health Foundation, it should become impossible, inadvisable or impractical to use this gift for the purpose specified above, the Board may at its discretion use the gift to the best advantage of Sinai Health Foundation, keeping in mind the original wishes of the donor.

SIGNED by the testator, \_\_\_\_\_ (Testator Signature), as a Codicil to his/her/their last Will, in the presence of us, both present at the same time, who at his/her/their request in his/her/their presence and in the presence of each other have hereunto subscribed our names as witnesses.

Dated the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Address

\_\_\_\_\_  
Witness Address

\_\_\_\_\_  
Witness Occupation

\_\_\_\_\_  
Witness Occupation