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## Sample Clauses for gifts to PETERBOROUGH REGIONAL HEALTH CENTRE FOUNDATION

### Principal:

1. To pay to PETERBOROUGH REGIONAL HEALTH CENTRE FOUNDATION, PETERBOROUGH, ONTARIO, the sum of \$\_\_\_\_\_ to be used for such purposes for the benefit of PETERBOROUGH REGIONAL HEALTH CENTRE, as the Board of Directors of the FOUNDATION may from time to time determine.
2. To pay to the PETERBOROUGH REGIONAL HEALTH CENTRE FOUNDATION, PETERBOROUGH, ONTARIO, the sum of \$\_\_\_\_\_. Without imposing any restrictions upon this bequest, it is my wish that it be used for \_\_\_\_\_ under the direction of the Board of Directors of PETERBOROUGH REGIONAL HEALTH CENTRE FOUNDATION.
3. To pay to PETERBOROUGH REGIONAL HEALTH CENTRE FOUNDATION, PETERBOROUGH, ONTARIO, the sum of \$\_\_\_\_\_ to be used for \_\_\_\_\_ (e.g. the purchase of equipment, the support of a program). **It is highly recommended that you consult with the Foundation when using this clause and that it be accompanied by clause # 8.**

### Income:

4. To pay to PETERBOROUGH REGIONAL HEALTH CENTRE FOUNDATION, PETERBOROUGH, ONTARIO, the sum of \$\_\_\_\_\_ to be kept invested for a minimum period of ten years from the date of receipt of the gift and the income from which sum is to be used for such purposes for the benefit of PETERBOROUGH REGIONAL HEALTH CENTRE, as the Board of Directors of the FOUNDATION may from time to time determine.
5. To pay to PETERBOROUGH REGIONAL HEALTH CENTRE FOUNDATION, PETERBOROUGH, ONTARIO, the sum of \$\_\_\_\_\_ to be kept invested for a minimum of ten years from the date of receipt of the gift and the income from which sum is to be used for \_\_\_\_\_. **It is highly recommended that you consult with the Foundation when using this clause and that it be accompanied by clause #8.**

If you wish to include the Foundation in your estate plans, you'll  
need our legal name:  
**The Peterborough Regional Health Centre Foundation**

**Residual Bequest:**

6. To pay or transfer to PETERBOROUGH REGIONAL HEALTH CENTRE FOUNDATION, PETERBOROUGH, ONTARIO, the whole of the residue (or a percentage of the residue) of my estate to be used for such purposes for the benefit of PETERBOROUGH REGIONAL HEALTH CENTRE, as the Board of Directors of the FOUNDATION may from time to time determine.

**Specific Gift of Tangible Property:**

7. To transfer and deliver to PETERBOROUGH REGIONAL HEALTH CENTRE FOUNDATION, PETERBOROUGH, ONTARIO, my \_\_\_\_\_ (specify)

**Essential Clauses to be inserted:**

8. Power to vary Purpose Clauses:

If in the opinion of the Board of Directors of PETERBOROUGH REGIONAL HEALTH CENTRE FOUNDATION(hereinafter referred to as "the board"), PETERBOROUGH, ONTARIO, should it become impossible, inadvisable or impracticable to apply the said fund (principal or income) for the said purposes, or if the "Board", is of the opinion that part of the said fund (principal or income) is not required for such purposes, the "Board", shall use the said fund (principal or income) or such parts thereof in such manner as in its discretion may seem to the best advantage of PETERBOROUGH REGIONAL HEALTH CENTRE, for other purposes consonant with the spirit and intention of this gift.

9. Discharge of Trustees

My trustee shall be under no obligation to see that the trusts herein are carried out and the receipt of the person purporting to be the authorized officer of each such organization shall be a good and sufficient receipt to my Trustees and shall be a sufficient discharge therefor and my Trustee shall have no further responsibility in connection with the proper application of such benefit.

10. Cy-Pres Clause

If at the time of distribution of this my estate, Peterborough Regional Health Centre Foundation or Peterborough Regional Health Centre have amalgamated with another organization (or person or entity), or has changed its name or objects, the legacy provided for shall not fail and my Trustees shall pay the legacy to the charitable organization which they in their absolute discretion consider most closely fulfills the objects I intend to benefit.

**For assistance or information, please contact:**

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