

Information for Making a Charitable Gift in your Will

Supporting Waypoint Centre for Mental Health Care by leaving a gift in your Will provides you an opportunity to support Waypoint's vision of changing lives by leading the advancement and delivery of compassionate care. **Your legacy will help transform mental health and addiction care for everyone.**

The following is suggested wording for you and your lawyer or estate planner to consider. Please remember to seek appropriate advice on any legal and financial matter from your family, lawyer, estate planner and financial advisor.

In general Waypoint can best utilize unrestricted gifts to ensure the highest priorities can be met through a future gift. You may wish to designate a specific program, area or project for your donation to be utilized. Before designating a gift, we encourage you to contact us about potential use of the gift and to ensure the gift can be appropriately applied.

For more information about leaving a legacy to Waypoint or to let us know that you have made a gift in your Will, please contact Cindy Ball, Director of Philanthropy at cball@waypointcentre.ca or at 705-333-0877.

Sample wording for your Will:

Official Name: Waypoint Centre for Mental Health
Address: 500 Church Street, Penetanguishene, ON L9M 1G3
Canadian Registered Charitable #: 83836 7027 RR0001

Specific Gift, Unrestricted: To pay to Waypoint Centre for Mental Health Care (or Waypoint), Penetanguishene ON, the sum of \$_____ to be used for such purchases for the benefit of the patients/clients at Waypoint Centre for Mental Health Care as approved by the Board of Directors.

Residual Gift, Unrestricted: To pay or transfer to Waypoint Centre for Mental Health Care (or Waypoint) the whole of the residue or a percentage of the residue (specify % of residue) of my estate to be used for such purposes for the benefit of the patients/clients at Waypoint Centre for Mental Health Care as the Board of Directors may from time to time determine.

Specific or Residual Gift, Restricted: To pay to Waypoint Centre for Mental Health Care (Waypoint), the sum of \$_____ OR _____% of my estate to be used for (insert specific program, project or area of support). If Waypoint Centre for Mental Health Care is unable to apply all or part of these funds for the specific purpose(s) stated herein, the balance of this bequest may be used for the purpose of supporting the highest priority needs as determined by the Board of Directors.