Dalhousie
MEDICAL RESEARCH
Foundation

Request for Information Form

Please complete the following form to request additional information on the many ways of making a gift to support local medical research.

Name: _____

Mailing Address: (line 1) _____

(line 2) _____

City/Province: _____

Postal Code: _____

Tel. # (work): _____

Tel. # (home): _____

E-mail address: _____

Please indicate which of the following information you would like to receive:

- ☐ Writing my will
- ☐ A personal illustration of a charitable gift annuity✸
- ☐ Establishing a named endowment fund
- ☐ Gift of stock
- ☐ Gift of life insurance
- ☐ Charitable remainder trust

✸If you wish to receive a personal illustration of a charitable gift annuity, please provide the following information:

Your date of birth ____/____/____
mm dd yyyy

Your spouse's date of birth ____/____/____
mm dd yyyy

Please return your completed form to Christena Copeland.

By e-mail: christena.copeland@dal.ca By fax: (902) 494-1372

By mail: Dalhousie Medical Research Foundation
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5850 College Street, P.O. Box 15000
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