



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.

l,			(full name)
of			(full address)
publish and decla	are this to be the	(first, second, etc.) Codicil to my La	ast Will and Testament
dated the	(day) of	(month),	(year).
In addition to any	legacies given in my Will, I give t	o Sinai Health Foundation,	
1001-522 Univers	sity Avenue, Toronto, Ontario, M	5G 1W7 (Charitable Registration# 11	9048106 RR0001):
	% share of my estate;		
☐ the sum of: \$			
specific prope	erty:(description)		
To be used for:			
the highest pr	riorities as determined by the Bo	ard of the Sinai Health Foundation;	
O the purpose o	f:(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.

CODICIL - CONTINUED





his/her/their last Will, in the presence of us, both p	(Testator Signature), as a Codicil to present at the same time, who at his/her/their request in h 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	