



One Morley Avenue • Winnipeg Manitoba R3L 2P4 • T 204.478.6271 F 204.453.1638 • [www.rhcf.mb.ca](http://www.rhcf.mb.ca)

With my signature I am committing to leave a legacy gift from my/our estate to the Riverview Health Centre Foundation. I am now proud to be a member of the RHCF's "Circle of Life" Planned Giving Program.

By leaving this gift I/we am/are able to build on Riverview Health Centre's legacy of care and tradition of excellence and assist Riverview in maintaining itself as a leader in providing innovative programs, services, research and education that promote the health and well-being of Manitobans.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Names: (please print) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature(s): \_\_\_\_\_

Email: \_\_\_\_\_

We are asking our "Circle of Life" donors to share their story of why they have chosen to support Riverview Health Centre in this meaningful way.

Sharing your story will provide inspiration for others. We look forward to the opportunity to learn more about you.

- Yes, I/we would be happy to share my/our story with others
- Yes, I/we would like to have our name listed on the Circle of Life Donor Wall in the lobby of Riverview Health Centre (this wall is updated once annually)

Please list as:

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Thank you for your commitment to improving the everyday lives of residents, patients and clients at Riverview Health Centre Foundation. You are making a difference in the lives of these Manitobans and their families.

Please return completed form to:

Bridgette Parker  
Executive Director  
Riverview Health Centre Foundation  
1 Morley Ave,  
Winnipeg, MB R3L 2P4

or by email at [bparker2@rhc.mb.ca](mailto:bparker2@rhc.mb.ca)