

DONATION OF TRUST AND/OR GENERAL FUNDS

Donations to Carewest support valuable programs and services which enhance the quality of living of our Carewest residents.

I hereby authorize that the funds remaining in the Trust Account and/or General Account

of _____ in the amount of \$ _____
Print Name of Resident

be donated to the **CALGARY HEALTH TRUST.***

The intent of this agreement has been explained to me. I understand and agree to abide by the terms outlined in this agreement.

 Name of Resident/Legal Representative (Financial)

 Relationship to Resident

 Signature of Resident/Legal Representative (Financial)

 Date (YYYY/Mon/DD)

 Witness

 Date (YYYY/Mon/DD)

*Donations to Carewest are directed through Calgary Health Trust and are to be used as designated for Carewest.

The personal information requested on this form is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIPP) Act and is protected under the FOIPP Act. The information will be used only for the purpose of payment of services.