



## Leave a Legacy.

### Make mental health a priority in our community for years to come.

#### ...After you have provided for your loved ones, consider including us in your will:

**Legal Name:** Canadian Mental Health Association, North and West Vancouver Branch

**Charitable Registration Number:** 10686 4143 RR0001

**Address:** 300-1835 Lonsdale Ave. North Vancouver, BC V7M 2J8

#### There are two ways you can include us in your will:

- A residual bequest lets you designate a percentage of the residue of your estate.
- A specific bequest lets you designate a set sum of money.

#### Our Suggested wording for a residual gift

*"To pay or transfer to the Canadian Mental Health Association, North and West Vancouver Branch the \_\_\_% (or \_\_\_ share) of my Estate for such use and purpose as the Board of Directors may determine."*

#### Our Suggested Wording for a specific gift

*"To pay or transfer to the Canadian Mental Health Association, North and West Vancouver Branch the sum of \$\_\_\_ for such use and purpose as the Board of Directors may determine."*

#### If you want to direct your bequest to a specific purpose, we have the following program areas:

- General Fund: We use your gift for the most urgent needs.
- Counselling: Low or no cost counselling for adults.
- Mental Health Literacy Training: Mental health first aid, suicide prevention and more.
- Housing: Nurturing, supportive housing options and Homeless Outreach.
- Recovery College: Grow social connections & receive trusted information: participate, be creative and learn new skills.
- Youth Recreation Program: Building community for those experiencing challenges.

If you have questions about what type of gift will work best for you, please contact us. We will be happy to work with you and your family to help you meet your goals.

\* When making decisions concerning your Estate, please seek independent professional advice from your lawyer or financial advisor.