



## Letter of Direction for Testamentary Gifts

Donor Name: \_\_\_\_\_

Donor Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Donor Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Donor Email: \_\_\_\_\_ Date: \_\_\_\_\_

To the Board of Directors  
 Canadian National Christian Foundation  
 89 Auriga Drive, Ottawa ON K2E 7Z2

Dear Friends,

I/We have named the Canadian National Christian Foundation (CNCF), registered charity #86373 6310 RR0001, as a beneficiary of one or more gifts in my/our estate planning, as follows:

- in my last will and testament
- a life insurance policy
- one or more registered retirement accounts
- a pension benefit plan
- one or more tax-free savings account
- other \_\_\_\_\_

I/We hereby authorize CNCF to withhold 1% of the gross proceeds from such gift(s) in support of their ministry. I/We hereby request that CNCF distribute the balance of the proceeds from such gift(s) (the “net proceeds”) to the following Canadian registered charities in the specified proportions:

<i>Name &amp; Address of Charity:</i>	<i>% of net proceeds of Gift(s)</i>	<i>Disclose Donor info</i>
1. _____ _____	_____%	Y / N
Charity Registration # _____		
2. _____ _____	_____%	Y / N
Charity Registration # _____		

3. \_\_\_\_\_ % Y / N

Charity Registration # \_\_\_\_\_

4. \_\_\_\_\_ % Y / N

Charity Registration # \_\_\_\_\_

5. \_\_\_\_\_ % Y / N

Charity Registration # \_\_\_\_\_

(Use a separate page for further listings)

Total: 100 %

The distributed proceeds are to be used by the above mentioned charities in their own charitable work. If an above mentioned charity ceases to exist or ceases to be a qualified donee under the *Income Tax Act* (Canada), I/we request that CNCF make the distribution intended for that charity to one or more other Canadian registered charities that, in the opinion of CNCF's board of directors, have objects that closely match the objects of the registered charity that I/we had intended to benefit. I/we revoke all Letters of Direction previously provided to CNCF.

Sincerely,

\_\_\_\_\_  
(Donor's Signature)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Donor's Signature)

\_\_\_\_\_  
(Witness print name)

Send this letter to CNCF at the address listed above.  
Replace your letter with CNCF any time, if your wishes change.