



THIS IS NOT INTENDED AS LEGAL ADVICE. PLEASE DO NOT TAKE ANY ACTION UNTIL YOU HAVE REVIEWED THIS INFORMATION WITH YOUR LAWYER.

# The Direct Bequest

## Leaving a Legacy

The generosity of people like you has assisted the Ontario Federation for Cerebral Palsy in serving people with disabilities since 1947. The following are several examples of how you can help us to continue our service through leaving a legacy in your will.

### **SPECIFIC BEQUEST - UNRESTRICTED USE:**

(specific dollar amount from estate for general use of the OFCP)

"To pay the sum of (\$dollar amount) to the Ontario Federation for Cerebral Palsy, Charitable Registration # 107797722RR0001, currently at 104 -1630 Lawrence Avenue West, Toronto Ontario, M6L 1C5 to be used for the purposes recommended and approved by the Board of Directors of the Ontario Federation for Cerebral Palsy. I direct that the official receipt from the Ontario Federation for Cerebral Palsy shall be sufficient discharge to my Trustee."

### **SPECIFIC BEQUEST - RESTRICTED USE:**

(specific dollar amount from estate for specific use by the OFCP)

"To pay the sum of (\$dollar amount) to the Ontario Federation for Cerebral Palsy, Charitable Registration # 107797722RR0001, currently at 104 -1630 Lawrence Avenue West, Toronto Ontario, M6L 1C5 to be used to support (designated purpose or program ie: Long Term Planning and Support Program). I direct that the official receipt from the Ontario Federation for Cerebral Palsy shall be sufficient discharge to my Trustee."

"If some unforeseen reasons or circumstances make the specific use of this gift impractical or no longer desirable, I authorize the Board of Directors of the Ontario Federation for Cerebral Palsy to adjust the purpose for which my gift shall be used with such changes to be in keeping with the spirit and general intent of my gift."

### **RESIDUAL BEQUEST:**

(Percentage of the estate after all taxes, debts, expenses and other bequests.)

#### **Unrestricted:**

"To pay or transfer the (whole or X%) of the residue of my estate to the Ontario Federation for Cerebral Palsy, Charitable Registration # 107797722RR0001, currently at 104 -1630 Lawrence Avenue West, Toronto Ontario, M6L 1C5 to be used for the purposes recommended and approved by the Board of Directors of the Ontario Federation for Cerebral Palsy. I direct that the official receipt from the Ontario Federation for Cerebral Palsy shall be sufficient discharge to my Trustee."

**Restricted:**

"To pay or transfer the (whole or X%) of the residue of my estate to the Ontario Federation for Cerebral Palsy, Charitable Registration # 107797722RR0001, at 104 -1630 Lawrence Avenue West, Toronto Ontario, M6L 1C5 to be used to support (designated purpose or program ie: Long Term Planning and Support Program) I direct that the official receipt from the Ontario Federation for Cerebral Palsy shall be sufficient discharge to my Trustee."

"If some unforeseen reasons or circumstances make the specific use of this gift impractical or no longer desirable, I authorize the Board of Directors of the Ontario Federation for Cerebral Palsy to adjust the purpose for which my gift shall be used with such changes to be in keeping with the spirit and general intent of my gift."

**ALTERNATIVE BEQUEST:**

(To be made only if prior gifts fails)

**Unrestricted:**

"To pay the sum of (\$dollar amount) to (primary beneficiary) if he/she survives me. If he/she does not survive me, I instruct my Trustee to pay the sum of (\$dollar amount) to the Ontario Federation for Cerebral Palsy, Charitable Registration # 107797722RR0001, currently at 104 -1630 Lawrence Avenue West, Toronto Ontario, M6L 1C5 to be used for the purposes recommended and approved by the Board of Directors of the Ontario Federation for Cerebral Palsy. I direct that the official receipt from the Ontario Federation for Cerebral Palsy shall be sufficient discharge to my Trustee."

**Restricted:**

"To pay the sum of (\$dollar amount) to (primary beneficiary) if he/she survives me. If he/she does not survive me, "I instruct my Trustee to pay the sum of (\$dollar amount) to the Ontario Federation for Cerebral Palsy, Charitable Registration # 107797722RR0001, currently at 104 -1630 Lawrence Avenue West, Toronto Ontario, M6L 1C5 to be used to support (designated purpose or program ie: Long Term Planning and Support Program) I direct that the official receipt from the Ontario Federation for Cerebral Palsy shall be sufficient discharge to my Trustee."

"If some unforeseen reasons or circumstances make the specific use of this gift impractical or no longer desirable, I authorize the Board of Directors of the Ontario Federation for Cerebral Palsy to adjust the purpose for which my gift shall be used with such changes to be in keeping with the spirit and general intent of my gift."