

Dr. Benjamin B. Marr Legacy Circle

The Dr. Benjamin B. Marr Legacy Circle honours those special individuals who have made a provision for a gift to Langley Memorial Hospital Foundation through an estate gift, a life insurance policy, or a retirement fund. The Legacy Circle is our way of extending heartfelt appreciation to those who have notified us of their thoughtful and meaningful gift intentions.



Dr. Marr was Langley's first resident doctor and, along with many others, can be credited for bringing medical care to the early residents of Langley. The Foundation is honoured to name our Legacy Giving program in tribute to Dr. Marr and his commitment to our community – as a doctor, soldier and devoted servant to his patients.

The Benefits of Belonging

The Legacy Circle brings together like-minded individuals who support Langley Memorial Hospital and consistent, high-quality health care in the Langley communities.

As a member of the Dr. Benjamin B. Marr Legacy Circle, you will be:

- Our guest at special events, tours and seminars
- Recognized in the Foundation's various communication materials *
- Recognized on the Donor Wall in the Hospital lobby *

** Members can choose to remain anonymous*

How to Join

Simply notify the Foundation of your gift intention (amounts and details do not need to be disclosed), or ask us for planning help by completing the form below or call Kate Ludlam, Donor Relations, Major Gifts and Legacy Giving at (604) 514-6043.

Please complete form below:

<input type="checkbox"/> I wish to join the Dr. Benjamin B. Marr Legacy Circle <input type="checkbox"/> I wish to join the Legacy Circle but prefer to remain anonymous <input type="checkbox"/> I do not wish to join the Legacy Circle	Name: _____ Address: _____ City: _____ Postal Code: _____ Phone Number: _____ Email: _____
<input type="checkbox"/> I have made a provision for a gift to Langley Memorial Hospital Foundation <input type="checkbox"/> I have left a cash gift in my Will Gift Value (optional) \$ _____ <input type="checkbox"/> I have left a portion of my estate residue Gift Value (optional) \$ _____ <input type="checkbox"/> I have left a gift of life insurance Gift Value (optional) \$ _____ <input type="checkbox"/> I have life insurance I wish to donate now Gift Value (optional) \$ _____ <input type="checkbox"/> I have left a gift of retirement funds (RRS/RRIF) Gift Value (optional) \$ _____	<input type="checkbox"/> I would like more information about making a legacy gift <input type="checkbox"/> I would like information on the potential tax benefits of these type of gifts <input type="checkbox"/> I wish to be contacted concerning a legacy gift <input type="checkbox"/> Please phone me <input type="checkbox"/> Please email me <input type="checkbox"/> Please mail me information <input type="checkbox"/> I prefer a personal visit in my home <input type="checkbox"/> I prefer visiting your office Signature: _____ Date: _____