



Legacy Place Society encourages our men and women in uniform and their families to steer themselves through the everyday adversity, reframe the difficult realities of their profession and to encourage daily behaviors that are conducive to recharge and re-engage with themselves, their families and work place.

OUR MISSION: Provide empathetic support that builds resiliency individually and as a family within our First Responder, Veteran and Military Community.

Our VISION - That all First Responder, Veterans and Military Personnel have user friendly access to resources to build resiliency as an individual and or as a family.

Our VALUES - Family, Empathy, Diversity, Inclusivity, Confidentiality, Collaboration and Integrity.

Our OBJECTIVES

Confidential Crisis Line – Provide a confidential crisis response by telephone for the individuals and families of First Responders, Veterans and Military Personnel that facilitates connection to professional and peer support. (403-201-9945) (Each year over 750 **CRISIS** related calls directly come through this phone line)

Home Away From Home – Provide confidential and safe transitional housing to First Responders, Veterans and Military Personnel (individually or as a family) for their well-being, security and access to professional support so that they can recover quickly from a broad range of serious difficulties. (Since opening doors in 2001, Legacy Place has supported over 35,000 nightly stays with our 3 locations in Calgary, Edmonton and Red Deer)

Family Included Education Partnerships – Increase knowledge, reduce stigma and enable networking by organizing and facilitating psychological wellness and suicide awareness conferences/workshops/family camp for the individuals and families of law enforcement, emergency services, public service and military communities. (Since 2016 over 4000 participants have attended the conferences with thousands more having attended workshops/family camps since 2001).

Legacy Place Society holds title on the 3 houses along with as of June 2019, obtained title to a 8-acre rural property in North Calgary (Bears paw). This property currently supports the administration/program development office and has reach for numerous wellness activities for the individuals and families of First Responders, Veterans and Military Personnel.

This includes peer support, debriefings, mobile equine therapy, mindfulness, yoga, music, art, gardening, AA meetings, mobile psychological resources and general gathering times for agencies during times of loss of life or strategic planning.

Please consider #THISISMYLEGACYGIFT in support of Legacy Place Society and its provision of the crisis line, home away from home, education partnerships and the development of the tribute/memorial/reflection garden.

Contact Legacy Place directly for financial gifts directed to the development of Legacy Place Acres Tribute/Memorial/Reflection Garden (including gift specific dedications) or booking activities at the property located 25207 Bears paw Place, Calgary, info@legacyplacesociety.com or 403-201-9945. (Contact Legacy Place directly before going to property)

Yes! I would like to AUTOMATE my DONATIONS

By giving monthly, you will provide stable funding for our program objectives and help us establish long-term plans to provide outreach to the individuals and families of first responders, veterans and military personnel.

#THISISMYLEGACYGIFT

Legacy Place Society 25207 Bears paw Place Calgary, Alberta T3R 1H5
PH 403.201.9945 info@legacyplacesociety.com www.Legacyplacesociety.com

facebook/legacyplacesociety twitter: @legacyplacesos

Not for profit registered charity #891549420RR0001

You will receive an annual receipt for your donations.

Please designate my automatic donation toward the following project:

- o Help in development of Tribute/Memorial/Reflection Garden at 25207 Bears paw Place
 - o Mental wellness/suicide awareness workshops, conferences, family camp
 - o Legacy Place Houses (Confidential locations in Calgary, Edmonton, Red Deer)
 - o Crisis response phone line and peer support
 - o In memory or honour of: _____
 - o Other: _____

Name _____ Last Name _____
Address _____ City _____
Prov _____ Post Code _____ PH _____
Email _____

CHOOSE METHOD A or B Feel free to contact Legacy Place 403.201.9945 or email info@legacyplacesociety.com

A MONTHLY DONATION by BANK DEBIT -

For automatic monthly donations debited to your bank account, complete the following:
The undersigned hereby authorize Legacy Place Society to draw monthly cheques or prepare debits by paper or electronic entry, covering payment due by the undersigned to Legacy Place Society for monthly donations in the amount of: \$

A cheque marked VOID is required to process monthly donations by bank debit. My financial institution is hereby authorized to pay and debit the account of the undersigned. For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.

- 1) My financial institution is here by authorized to pay and debit the account of the undersigned all amounts payable to Legacy Place Society drawn on or directed to you by a chartered bank on behalf of Legacy Place Society.
- 2) Your treatment of each debit shall be the same as if the undersigned has personally directed you to pay as indicated and to charge the amount specified to the account of the undersigned.
- 3) I may revoke my authorization at any time, subject to providing notice of 20 days. To obtain a sample cancellation form, or for more information on my right to cancel a Pre-Authorized Debit (PAD) Agreement, I may contact my financial institution.
- 4) Any delivery of this authorization to you constitutes delivery by the undersigned.
- 5) I have certain recourse rights if any debit does not comply with this agreement.

Date _____ Signature _____

B MONTHLY DONATION by CREDIT CARD

For automatic monthly donations debited to your bank account, complete the following:
The undersigned hereby authorize Legacy Place Society to draw monthly cheques or prepare debits by paper or electronic entry, covering payment due by the undersigned to Legacy Place Society for monthly donations in the amount of: \$

Check one VISA MASTERCARD _____/_____/_____/_____ Card # Expiry Date _____ MM _____ YY

Name as it appears on card _____

Date _____ Signature _____

