



## BEQUEST FORM

I, (Name) .....

of (Address) .....

.....

..... Postcode .....

Signed by Me .....

Date ..... / ..... / .....

In the event of my death, and being of sound mind, hereby bequeath to the Friends of Stamford Hospital, the sum of :-

£ ..... (In Words) .....

Witnessed by:

Name (Print) ..... Signed .....

2nd Witness:

Name (Print) ..... Signed .....

You are advised to make two copies of this form, have each signed and witnessed, retain one with your will in a safe place and the other send to our treasurer: John Scholes, Station House, Fen Rd, Rippingale, Bourne, PE10 0TG