



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: Douglas Matthew, 39 Exeter Gardens. Stamford. Lincs. PE9 2RN