

Bequest Response Form

Your details

Title		First Name:		Surname:	
Address 1:					
Address 2:					
Town/Suburb:				Post Code:	
Telephone:		Mobile:		Fax:	
Email:				<input type="checkbox"/> Yes, I may be contacted by email.	

This is to advise that I have made provision to make a bequest to Epilepsy NZ. I anticipate that it will be approximately \$ _____ and I wish it to be utilised in the following Bequest Options:

Option 1: Buildings & Property.	(Specify:)
Option 2: Education Programme Services.	(Specify:)
Option 3: Community Awareness.	(Specify:)
Option 4: Helpline Services:	(Specify:)
Option 5: Information & Support Services.	(Specify:)
Option 6: Research & Development.	(Specify:)
Option 7: Free	(no strings attached)

I would like more information on:

- Donating regularly from my bank account or credit card by automatic debit
- Yes, please send me information on Wills and Bequests
- Mail me more information about epilepsy and the work of Epilepsy NZ.

Mail or fax this form to:

Epilepsy New Zealand,
PO Box 1074, Waikato Mail Centre, Hamilton 3240, New Zealand
Ph. (07) 834-3556, Fax. (07) 834-3553
General email national@epilepsy.org.nz Website www.epilepsy.org.nz