

1 Your details

Name	_____
Address	_____
Postcode	_____
Email	_____
Telephone	_____

2 Your pledge

- I have already written my Will and included a legacy to Medical Aid for Palestinians
- I intend to include Medical Aid for Palestinians in my Will

My gift will include:

- The residue, or part of the residue, of my estate
- A specific sum of money

Any information you provide on this form will be treated in the strictest confidence

Your comments

LPF0505

3 Post your pledge

Shirley Stewart
Medical Aid for Palestinians
Freepost ND6445
London
N1 1BR

Or use a stamp to save the cost of postage.

Thank You!

**If you have any queries about making a legacy pledge to MAP, please contact
Shirley Stewart on 020 7226 4114 or email info@map-uk.org**