



Pledge Form

Thank you for remembering people with MND in your will. Please help us to keep our records up-to-date by completing this form and posting it to us at the address shown below (no stamp needed).

When we receive your form, we will send you a limited edition silver lapel badge, depicting our 'Thumbs up' logo, to thank you for remembering us.

Any information you choose to give will be treated in the strictest confidence.

Name:		
Address:		
		Postcode:
Геl:		
Email:		
please tick the and a residua a pecunia	appropriate box): I legacy ary (cash) legacy	a specific legacy a contingent legacy
	or letting us know y	
Please tick this box if you do not want to receive a silver lapel badge		
ou do not wish Occasionally we	n to receive further inform may allow other specially	you informed about the important work that we do. If action, please tick here \square y selected organisations to send you information about in them, please tick here \square
Please retur	n this completed fo	rm (no stamp needed) to:
The Legacies <i>A</i> MND Associati Northampton	ion, FREEPOST NH4173	Telephone: 01604 611846 Fax: 01604 611858 Website: www.mndassociation.org/legacies
Registered Charity	/No. 294354 Company Limi	ited by Guarantee No. 2007023

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