

Pledge Form – The Orchid Cancer Appeal

Please fill in this form after you have completed your will and return it to The Orchid Cancer Appeal, St Bartholomew's Hospital, London, EC1A 7BE.

I want to help The Orchid Cancer Appeal. Therefore I have provided a legacy in my will in the form of:

- 1. A Cash Legacy of £.....
or
- 2. The residue or part residue of my estate after family and friends have been provided for.

My Details are:

Title.....

Surname.....

First Name.....

Address.....

.....

.....**Postcode.....**

Telephone Number.....

Email Address.....

Please state any preferences as to the type of bequest, such as Prostate or Testicular Cancer research that you would like your pledge to be restricted to;

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We would like to keep you informed about our work and services. If you would prefer not to hear from us, please tick this box.

This pledge does not commit you in any way. It is simply a statement of your present intentions, and will assist the Charity in its long-term planning.