

Form of Bequest



I, (Mr, Mrs, Ms, Miss)

Of _____

Bequeath to Northeast Health Wangaratta in the State of Victoria the sum of/or percentage of my estate/or residue of my estate, free of Tax and Duties, as follows:

To be applied to such objects as the Board of Directors of the Service shall from time to time direct

OR

To be used specifically for:

Signed: _____

Dated: _____

Name of Witness: _____

Witness Signature: _____

Remember to include a copy of this Bequest with your Will.