



Making a Bequest

Once you have decided to leave a gift in your Will the right wording is important to ensure your wishes are met. We recommend seeking legal advice when creating or updating your Will. Prepare as many details of your finances as possible before seeing your solicitor. It may also help to sit down with your family beforehand and decide how much you could realistically afford to give as a gift.

The following wording suggestions are provided as a guide only.

Unrestricted bequest:

- “I bequeath (insert number) per cent of my residuary estate to Northeast Health Wangaratta (ABN 13 157 273 279) to be used for its general purposes, and I further declare that the receipt of the Board Secretary, Chief Executive Officer or other proper officer of Northeast Health Wangaratta is sufficient release for the executor of my estate without seeing to the final distribution of funds.”

OR

Specific purpose bequest:

(Please note, before specifying a gift to a particular purpose, it is important that you contact Northeast Health Wangaratta at 03 5722 5586 or email donate@nhw.org.au. This will ensure that your wishes can be met.)

- “I bequeath (insert number) percent of my residuary estate to Northeast Health Wangaratta (ABN 13 157 273 279) and I express the wish without creating a binding trust that the funds be used and applied for the purposes of _____ or if the purpose no longer exists then for a similar purpose at the discretion of Northeast Health Wangaratta. I further declare that the receipt of the Board Secretary, Chief Executive Officer or other proper officer of Northeast Health Wangaratta is sufficient release for the executor of my estate without seeing to the final distribution of funds”.

OR

- ‘I give the residue of my estate OR [x]% of the residue of my estate; OR the sum of \$[insert amount]; OR [insert specified assets, such as real estate, shares, artwork, etc] to Northeast Health Wangaratta, for its general purposes*. I direct that if any of the nominated beneficiaries predecease me, the bequest shall not fail but I give the share of my deceased beneficiary to the said Northeast Health Wangaratta. I declare that the receipt of the proper officer of the organisation shall be a sufficient discharge to my Executors.’ * Instead of general purpose, a particular area of interest, equipment or research may be specified.

Contact:

Phone: (03) 5722 5111
Fax: (03) 5722 5109
ABN: 13 157 273 279

Mail: PO Box 386 Wangaratta VIC 3676
Email: enquiries@nhw.org.au
Web: www.nhw.org.au

Locations:

Hospital: 35-47 Green Street Wangaratta
Community Care Centre: 4-12 Clark Street Wangaratta
Illoura Residential Aged Care: 32-50 College Street Wangaratta



OR

"I (your name) give to Northeast Health Wangaratta (ABN 13 157 273 279) free of all duties, the following:

- (percentage) of my Estate; *and/or*
- The residue of my estate; *and/or*
- The fixed sum of \$..... (amount); *and/or*
- Life Insurance Policy Number (number); *and/or*
- The land at (address of property); *and/or*
- Shares (portfolio details).

And I direct the receipt of Northeast Health Wangaratta shall be a sufficient discharge to my executor for this gift which is to be:

- Applied to the general purposes of Northeast Health Wangaratta; *or*
- To be used for the purposes of research and training; *or*
- To be used for the purpose of patient care and treatment at Northeast Health Wangaratta

Note: Your Will or Codicil must be witnessed by two people.

Letting us know

Please let us know if you intend to or have included a gift to Northeast Health Wangaratta in your Will. Knowing will help us plan for the future. We would also like to thank you and keep you informed of our progress and future plans. Your privacy will be respected at all times.

| | |
|-------------------|--------|
| Name | |
| Address | |
| CITY | P/Code |
| Phone | |
| Best time to call | |

Send to:
Donate
Northeast Health Wangaratta
PO BOX 386
Wangaratta VIC 3676

Or contact the team
P (03) 5722 5586
E donate@nhw.org.au

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