

STRICTLY CONFIDENTIAL

Legacy Pledge Form

I plan to leave a legacy in my will to help the work of Headway – the brain injury association (Registered Charity no. 1025852).

| I plan to leav | e: |
|--|---|
| | The residue, or a share of the residue, of my estate after family and friends have been provided for |
| | A cash legacy of £ |
| Name | |
| Address | |
| | |
| | |
| Postcode | |
| Email Addres | SS |
| Telephone N | o: |
| Headway Me (if applicable | embership No.) |
| Group/Branc (if applicable | |
| | o keep you informed about our work and services. If you would prefer NOT to lease tick this box $\ \square$ |
| Please retur | n to: |
| The Legacy Headway – t Bradbury Ho 190 Bagnall Nottingham NG6 8SF | he brain injury association use |

Tel: 0115 924 0800 Email: legacy@headway.org.uk

Fax: 0115 958 4446 www.headway.org.uk