

Bequest Enquiry Form

Confidential Reply (Please Print)

Please Circle

Dr / Mr / Mrs / Miss / Ms

Additional Information

First Name

DOB

Surname

Spouse DOB

Address

Name of Solicitor

Suburb / Town

Solicitor's Address

State

Postcode

Please Tick

Phone (H)

I have made a bequest to KSN in my Will

Phone (W)

I intend to write or change my Will to include KSN

Mobile

I would like to discuss making a bequest to KSN

Please fill out form and post back to us using the reply paid envelope

KIDNEY SUPPORT NETWORK INC

PO Box 16 The Gap QLD 4061

FREECALL: 1800 358 797 Ph: 07 3300 0906 Fax: 07 3300 0905

www.ksn.org.au

Email: bequests@ksn.org.au

ABN: 86 077 603 967