

Mary Mackillop Aged Care

BEQUEST NOTIFICATION FORM

I confirm that I have included a gift for Mary Mackillop Aged Care in my Will and I would like my bequest to support:

Unrestricted Fund (for use at the residence's discretion)

Residents Living Environment

Resident Care

Other (please specify below)

Please indicate below (in complete confidence) the approximate value of your gift, or proportion of your estate, if you are able to do so. If you have decided to make a gift to Mary Mackillop Aged Care in your Will it would be very helpful if you could let us know your intention.

Name:

Address:

P/Code:

Telephone:

Email:

Please return this form to: Confidential Att: CEO/DON
Mary Mackillop Aged Care,
4 King St Hawthorn East 3123