

# Gift Intention Form

## Thank you for leaving a gift to Minda Incorporated in your Will

Your gift leaves a lasting legacy, helping us to create a rewarding future for people with disability, and ensuring a kinder world for many years to come.

### Your details

Title: (Mr / Mrs / Miss / Ms / Dr)	<input type="text"/>	Full Name:	<input type="text"/>		
Birthday:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Phone:	<input type="text"/>		
Address:	<input type="text"/>				
Suburb:	<input type="text"/>	Post Code:	<input type="text"/>	State:	<input type="text"/>
Email:	<input type="text"/>				

### Next of kin or executor to

Full Name:	<input type="text"/>	Phone:	<input type="text"/>
Relationship to you:	<input type="text"/>	Birthday:	<input type="text"/> / <input type="text"/> / <input type="text"/>

### Your gift details

My gift will be (please tick):

- A nominated percentage of my estate
- The residue of my estate after my family and friends have been provided for
- A nominated amount or specific gift

The intended approximate amount of my gift is \$  or  % of my estate

My gift is for  where it's needed most **or**  Other (please specify below)

### I confirm that I intend to leave a gift in my Will to Minda Incorporated

Signature:  Date:  /  /

**Please return to: Fundraising, Minda Incorporated PO Box 5, BRIGHTON SA 5048  
or email [supporters@minda.asn.au](mailto:supporters@minda.asn.au)**

12-15 King George Avenue  
North Brighton SA 5048  
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