

DECLARATION OF INTENT

Leaving a gift for Bellarine Community ensures you will make a long-lasting difference to families across the Bellarine. Should you wish, you can nominate in your Will a specific service for your gift to be utilised for. Alternatively, your gift will be utilised where required to support any number of new or ongoing projects.

DETAILS Please use BLOCK CAPITAL LETTERS

Title	First Name	Surname
Street Address		
Suburb		Postcode
Postal Address (if different to the above)		
Suburb		Postcode
Phone Number	Mobile	
Email		

- I have included a gift to Bellarine Community Health in my Will
- I intend to include a gift to Bellarine Community Health in my Will
- I wish for my gift to remain anonymous
- I would like further information via Post Email Phone

Please return this completed form via email to fundraising@bch.org.au or via post:

Bellarine Community Health
 PO Box 26
 Point Lonsdale, VIC 3225