My gift in Will to Lauriston Girl's School

Record of Bequest Form

I wish to advise that I intend to leave a Gift in Will to Lauriston Girls' School.

Name: Name when at Lauriston:			
		State:	Postcode:
Phone:			
Email:			
Date of Will/Codicil (if ava	ailable)		
to support another area of	the Lauriston Foundat	ion for example pr	d. If you would like your gift oviding Scholarships, new tructure, please provide details:
Recognition: Past donation I would like my Intention to Recognised in Lauriston Anonymous	o Leave a Gift in Will to		
Additional Notes on Gift (Gift of a Percentage of		desired)	
☐ Gift of a Specific Amou	unt		
☐ Gift of a Specific Item			
☐ Relevant contact person	on (eg. Executor/Truste	ee)	
☐ I have enclosed a copy	of the relevant pages	of my Will for the	School's records
☐ Any other relevant info	ormation:		
Signed This Day:	Month:		Year:
Signature:			

Your reply will be treated in the strictest confidence.

For further information, please contact the Director of Advancement on +61 3 9864 7582, or at giving@lauriston.vic.edu.au

Please return the completed form to:

The Director of Advancement Lauriston Girls' School PO Box 8110. ARMADALE VIC 3143



