



12-16 King George Avenue
North Brighton SA 5048
P: (08) 8422 6555
ABN: 37 020 000 711

GIFT INTENTION FORM

Thank you for leaving a gift to Minda Incorporated in your Will. Your lasting gift will improve disability support and give people opportunities for an enriched life of their choosing - now and in the 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"/>	State:	<input type="text"/>	Post Code:	<input type="text"/>
Email:	<input type="text"/>				

Next of kin or executor to

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 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:	<input type="text"/>	Date:	<input type="text"/>
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**Please return to: Fundraising, Minda Incorporated PO Box 5, BRIGHTON SA 5048
or email supporters@minda.asn.au**