



IMPROVING THE WORLD'S ORAL HEALTH

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Legacy Pledge Form

Please complete this form and return to Dentaid to notify us of your bequest

Name.....

Address.....

.....Postcode.....

Telephone.....Mobile

Email.....

If you are planning to include a legacy to Dentaid, or have already done so in your will please let us know by completing this form. This form does not commit you in any way, it simply enables Dentaid to make long term plans for its vital work.

I have included a legacy to Dentaid in my will.

I intend to include a legacy to Dentaid in my will.

Acknowledging your bequest

Dentaid would like to acknowledge our benefactors, please indicate if you are happy for us to do this or if you wish to remain anonymous.

I wish my name to be acknowledged as.....

I wish to remain anonymous.