

## KOLLING BEQUEST ADVICE

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone (daytime) \_\_\_\_\_

Email \_\_\_\_\_

**I would like to confirm I have made a bequest to Kolling in my will.**

**The area of research I would like to support is:** \_\_\_\_\_

*I would like to be acknowledged on the Kolling Honour Board and Annual Report*

*I prefer not to be acknowledged on the Kolling Honour Board or Annual Report*

*I prefer not to be invited to special events*

**I would like to confidentially discuss making a bequest to Kolling medical research. Please contact me at the above number.**

**The best day and time to call is:** \_\_\_\_\_

Please return this Bequest Advice to:

Sean Wilson  
CEO  
Kolling Foundation  
Level 12, Kolling Building  
Royal North Shore Hospital  
St Leonard's NSW Australia 2065  
Telephone: 1300 KOLLING (1300 565 546)  
Fax: 02 9926 5928  
Email: [seanwilson@kolling.com.au](mailto:seanwilson@kolling.com.au)



**KOLLING FOUNDATION**  
**'Supporting health and medical research at Royal North Shore Hospital'**  
Level 12, Kolling Building, Royal North Shore Hospital, Reserve Road, St Leonards NSW Australia 2065  
ABN 83 128 360 174 | Registered Deductible Gift Recipient (DGR) | Charity Number 15752

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1300 KOLLING (1300 565 546) or [www.kolling.com.au/donate](http://www.kolling.com.au/donate)