



***Yes - I would like to leave a Bequest to
SCIC Cochlear Implant Program***

My details are as follows

Mr, Mrs, Ms, Miss, Dr

Address:

P/C

Phone

Email:

Please fill in any details you would like to advise SCIC of:

- I have nominated SCIC Cochlear Implant Program as a beneficiary under my latest Will.
- I wish to advise SCIC that the nature and value of my bequest is:
.....
.....
- My Solicitors details are as follows:
Name:
Address:
- I would like to have my name on the SCIC Cochlear Implant Program Bequest Honour Board.
- I wish my proposed bequest to remain anonymous.

Thank you for taking the time to respond

Please post or fax this completed form, in absolute confidence to

**Bequest Officer
SCIC Cochlear Implant Program
Reply Paid 85829 GLADESVILLE NSW 1675
T: 1300 658 981 F: 02 9844 6811 E: admin@scic.org.au**