LEGACY FORM

FULL NAME:

ADDRESS:

TOWN POSTCODE:

TELEPHONE:

EMAIL:

**Please tick the boxes below as appropriate:**

* I will be leaving a legacy gift to support STAMMA in my will, this has been confirmed with my solicitor.
* I intend on leaving a legacy gift to support STAMMA in my will, but I have not yet confirmed the arrangements with my solicitor. *If you would like help making these arrangements, do get in touch, and we’d be happy to help.*
* I have informed my family, friends and/or next of kin of my wish to leave a gift to STAMMA.
* I have not informed my family, friends and/or next of kin of my wish to leave a gift to STAMMA. This is private between myself and my solicitor.
* My legacy gift will be a fixed sum.
* My legacy gift will be a percentage of my estate.

If you want to let us know about your gift; the amount or percentage you intend to give, or an area of our work you’d like to support, do so below. Leave this section blank if you prefer.

Signature: Date:

The information you have provided is confidential, will be stored in accordance with the General Data Protection Regulation 2018 and will not be passed on to third parties.

**Please return this form by post to** STAMMA, Box 140, 43 Bedford Street, London, WC2E 9HA, or by email to fundraising@stamma.org.

**The British Stammering Association, trading as STAMMA   
is a registered charity, numbers 1089967/SC038866**