

Legacy Pledge Form

Note: this Form is not legally binding. It is simply a statement of your present intentions. You are free to change your Will at any time.

If you decide to leave a legacy to CNK, please let us know. It helps enormously with our planning.

Name _____

Address _____

Town _____

Postcode _____

Please select one of the following options:

I have included CNK in my Will

Thank you for supporting Care Not Killing

I intend to remember CNK in my Will

Type of legacy:

- A fixed amount of £ _____
- The residue of my estate
- A percentage of the residue of my estate _____ %

Other type of legacy

Please give details: _____

Anything else you want to tell us:

Signature: _____

CNK Alliance is registered in England and Wales as a Limited Liability Company (number 06360578)

*Please show this form to your solicitor/ Will writer and then return it to: **CNK Alliance Ltd, 6 Marshalsea Road, London. SE1 1HL.** Alternatively, scan or take a photo of it on your smartphone and email to: **info@carenotkilling.org.uk.***

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