



PENINSULA
 — MEDICAL SCHOOL —
 UNIVERSITIES OF EXETER & PLYMOUTH

Peninsula Medical School Foundation

Pledge Form

If you have chosen to leave a gift to the Peninsula Medical School Foundation in your Will, we are immensely grateful. Your generosity is much appreciated. Advising us of your intentions allows us to plan for the future. We would also like to keep you informed about current developments. Any information you give will be treated with the strictest confidence.

Title:	
Name:	
Address:	
Postcode:	
Date of Birth:	
Degree:	

- Do you intend to leave a legacy in your Will to the Peninsula Medical School Foundation?

YES NO

- Would you like to discuss leaving a Legacy to the Peninsula Medical School with a member of Foundation?

YES NO

Contact number:

Contact email:

- If you have a specific area of interest you wish to make your pledge, please advise us here:

- Would you like your legacy to remain anonymous?

YES

NO