

## Confidential Legacy Pledge Form

If you have already mentioned Bloxham School (Registered Charity Number 1076484) in your Will or intend to do so, we would be grateful if you would let us know your intentions by completing this form and returning it to the below address. All information will be treated in the strictest confidence and this is not a legally binding document. Advising us of your intentions helps the School to plan for the future and allows us to thank you personally.

Your details		
Title Full Name		
Address		
	Postcode	
Email address	Telephone	
Your legacy		
☐ I/We have made provision for Bloxham in	my/our Will(s)	
The current value of our gift (optional) £ $\_$		
☐ I/We intend to make provision for Bloxha	m in my/our Will(s)	
☐ I/We would like to have a confidential dis	cussion about leaving a legacy. Please contact me	via:
Telephone □ Email □		
Directing your legacy		
☐ I/We would like our gift to be used as foll	ows:	
$\hfill\Box$ Unrestricted (to be used as the School re	quires, with no restrictions)	
☐ Bloxham School Endowment Fund		
☐ Other (please provide details)		
Declaration		
Please tick appropriate boxes		
☐ I/We would like to become a member of	The Egerton Society	
$\ \square$ I/We are happy for my/our support to be	acknowledged in print	
$\ \square$ I/We would like my/our name to appear a	s:	
$\ \square$ I/We would prefer my/our legacy to rema	in anonymous	
I am happy for my/our name to be included of	on published lists of Egerton Society members	☐ Yes ☐ No
I am happy for my/our name to be included in	n the Bloxham Book of Benefaction	☐ Yes ☐ No
Signature	Date	

