Make a Will Month 2024 Appointment voucher

Solicitor firm:				
Solicitor name:				
Date of first appointment:				
Your details: (for joint Will	s, please com	plete both pa	rticipants details)	
Title:	First nam	e:	Surna	me:
Title:	First nam	e:	Surna	me:
Full home address:				
Email:				
Type of Will being made:				
Single Will £150 Yes	○ No ○			
Mirror joint Will £200 Yes	○ No ○			
Method of payment and d		to Cobalt or onlin	an via varav sabalthaalth s	ouk/support us/make a will month/
(Payment made by cheque payar	oie to and posted	to Copail or onlir	ie via www.cobaitneaitn.c	o.uk/support-us/make-a-will-month/
Paid online Yes	O No O		Date & reference:	
Cheque sent Yes	O No O		Date sent:	
Gift Aid:				
		nation by 25%2		
Would you like to use Gift Aid to i	increase your do	11ation by 2370:		
I would like Cobalt to claim Gift Aid on	this donation, donand that if I pay less in	tions I have made w	•	l future donations until further notice. I confirm nt of Gift Aid claimed on all my donations in the
I would like Cobalt to claim Gift Aid on that I am a UK taxpayer and understan	this donation, donand that if I pay less in	tions I have made w	•	
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Cobalt will email or write to thank you for your support and donation through this scheme. Your details are safe with us. We will never share them. Our privacy policy is available at www.cobalthealth.co.uk. Once completed, please email to helen.tomes@cobalthealth.co.uk or post to Cobalt, Linton House, Thirlestaine Road, Cheltenham GL53 7AS

