



Pledge Form

| | | | | | |
|----------|--|----------------------|--|---------|--|
| Title | | Forename | | Surname | |
| Address | | | | | |
| Postcode | | Contact Telephone no | | | |
| Email | | | | | |

- Yes, I have left a gift in my Will for The Children's Centre
 I intend to leave a gift in my Will for The Children's Centre

Preferred Contact Method

- I do not wish to be contacted
- | | | |
|--------------------------|-------|--------------------------|
| <input type="checkbox"/> | Phone | <input type="checkbox"/> |
| <input type="checkbox"/> | Post | <input type="checkbox"/> |

Please return this to
The Children's Centre, 94 Woodbourne Road, Douglas, IM2
3AS.