



**St George Hospital Campus
DEPARTMENT OF ORTHOPAEDIC SURGERY**

BEQUEST FORM

Making a bequest in your will is an important decision, for which you will need to consult your financial or legal advisor.

If you wish to make a bequest, the following wording is suggested (please print):

I, (Mr, Ms, Mrs) _____
(insert full name),

of _____
(insert residential address)

give devise and bequeath to the Orthopaedic Research Institute the sum of
_____ dollars (*amount in words*) (\$ _____ *amount in numerals*) for the purpose of orthopaedic research.

The official receipt of The St George Hospital shall be a sufficient discharge to my executors.

Signature: _____ Dated: _____

Please forward to: Administration
Orthopaedic Research Institute
The St George Hospital
Level 2, 4-10 South Street
Kogarah NSW 2217

Phone: (02) 9350 2827
Facsimile: (02) 9350 3967