ALWAYS HAWTHORN

BEQUEST CLUB

I am interested in becomi	ng a member of Alway :	s Hawthorn	
Title Mr	Mrs Ms	Miss Dr	Other
First name	Surname	e	
Date of birth*			
Address			
Town/Suburb	State	Postcode	
Daytime Phone	Mobile	Phone	
Email			
1 / 0	slation you are entitled to view y ask for your date of birth, as ve	1	,
I have already include	ded a bequest to the Haw	vthorn Football Club	in my Will
I intend to leave a be	equest to Hawthorn. Please	contact me for a con	nfidential discussion
I would like to know to discuss my option	more about leaving a be s	quest to Hawthorn.	Please contact me
I would like to know	more about joining Alw e	ays Hawthorn	
THANK YOU.			

Please use the Reply Paid Envelope enclosed to return this form to the Hawthorn Football Club.

Mike Warren

Hawthorn Football Club Bequest Officer

PO Box 829

Stadium Circuit, Mulgrave VIC 3170

Direct line: 03 9535 3063 Mobile: 0438 515 698

Email: mikew@hawthornfc.com.au

