



Sarah Matheson Trust for
Multiple System Atrophy

Legacy Notification Form

Name _____

Address _____

Postcode _____

Telephone _____

I intend to leave a legacy to the Sarah Matheson Trust for
Multiple System Atrophy (ADASMT)
Registered Charity Number 1062308.

Please contact my executor/solicitor in case of changes to the
registered charity name or registered address of the Sarah
Matheson Trust.

Exexcutor/Solicitor

Name _____

Address _____

Postcode _____

Telephone _____

Please return this form to:

The Sarah Matheson Trust

Pickering Unit

St Mary's Hospital

Praed Street

London W2 1NY