

## PLEASE LET US KNOW

We are keen to make sure that Make a Will Month is as good as it can be. Please take this form to the appointment with your solicitor, and return it to us afterwards to the address shown below.

### Please complete your name and address details.

Your name:
Your address:

### Please confirm which local solicitor you used.

Solicitor's name:
Firm name:
Address:

## WHAT DID YOU THINK ABOUT AMNESTY'S MAKE A WILL MONTH?

- |   |   |                          |                          |                          |                          |                          |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | <b>How did you find the experience of using the scheme to write your Will?</b>  | Very good                | Good                     | Average                  | Poor                     | Very poor                |
|   |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | <b>How did you hear about Amnesty's Make a Will Month?</b>                      |                          |                          |                          |                          |                          |
| 3 | <b>How did you find arranging the appointment with the solicitor?</b>           | Very easy                | Easy                     | Average                  | Hard                     | Very hard                |
|   |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | <b>How did you find the advice and support you received from the solicitor?</b> | Very good                | Good                     | Average                  | Poor                     | Very poor                |
|   |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | <b>How many meetings did you require to make or amend your Will?</b>            | 1                        | 2                        | 3                        | More than 3              |                          |
|   |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 6 | <b>Have you now made or changed your Will?</b>                                  | Yes                      | No                       | Not yet, but I will      |                          |                          |
|   |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| 7 | <b>Would you recommend Amnesty's Make a Will Month to a friend?</b>             | Yes                      | No                       |                          |                          |                          |
|   |   | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |

## WHAT HAVE YOU DECIDED TO DO?

**I have** remembered Amnesty International UK Section Charitable Trust in my Will with:

- ☐ A share of my estate (estimate) £
- ☐ A cash legacy (specify) £
- ☐ A specific gift (specify e.g. book collection) \_\_\_\_\_
- (estimate) £

- ☐ **I have not** included Amnesty International in my Will

We take your privacy seriously; please turn over to read our Privacy Statement. Please also share any further comments you'd like to make about Make a Will Month in the comments box on the back of this form. **Thank you.**

Please return your completed form to the following address:

**Rebecca Elliott,  
Make a Will Month 2017,  
Amnesty International UK,  
The Human Rights Action Centre,  
17-25 New Inn Yard, London EC2A 3EA.**

Royal Mail will no longer accept handwritten envelopes with Freepost addresses, so please affix a stamp to the envelope.

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## Privacy Statement

We will treat the information you share with us today as confidential. This form is not legally binding. The information provided will be held by Amnesty International UK Section and Amnesty International UK Section Charitable Trust (AIUK). We would like to keep you informed about Amnesty's campaigns, events and other ways you can help. You can opt out of communications at any time by calling the Supporter Care Team on 020 7033 1777 or emailing [sct@amnesty.org.uk](mailto:sct@amnesty.org.uk).

If you have notified us of a gift in your Will using this form, but would prefer us not to contact you about it in future, please let the Supporter Care Team know. For more information about how AIUK processes personal data, please see our data protection policy: [www.amnesty.org.uk/dppolicy](http://www.amnesty.org.uk/dppolicy).

**Please use the space below to let us know any further comments you have about your experience of Amnesty International UK's Make a Will Month 2017.**


**Your Terms and Conditions** - Your use of our Free Will Service is governed by the following Terms and Conditions.

Amnesty International UK's Make a Will Month is offered as a free will-writing scheme. Solicitors may recommend that you leave a gift to Amnesty International UK in your Will or make a donation at the time of writing your Will, but you are under no obligation to do so.

\* Solicitors have agreed to prepare simple Wills, or amend existing Wills, for free. However, if the solicitor finds that the Will is more complicated, then they are entitled to ask the user to pay the difference between their normal fee for a simple Will and the actual fee. Solicitors are required to notify users in cases where a fee will be charged and agree this, in advance of any Will being written. Solicitors are also free to set a limit on the volume of Wills they have capacity to make as part of the scheme.