



TO MY EXECUTOR / EXECUTRIX

It is my wish that In Memorium gifts be sent to the Stroke Recovery Association of Manitoba Inc. (Please print)

Name _____ Address _____

City _____ Province _____ Postal Code _____ Phone _____

Signature _____ Date _____

Witness Name _____ Address _____

City _____ Address _____

Witness Signature _____ Date _____