 **DONATIONS**

( please tick )

One-off \_\_\_\_\_\_\_\_\_\_

Regular \_\_\_\_\_\_\_\_\_\_\_ £ 1) ………………per 2)………….

Name: 3)…………………………………………………………….

Address: 4)…………………………………………………………..

Method of Payment ( please tick )

5) Credit Card \_\_\_\_\_\_\_\_\_ Cheque \_\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_\_\_\_

Direct Debit ( Bank account) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **DONATIONS**

( please tick )

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