

HELP ABBY'S HEROES TO SUPPORT CHILDREN & THEIR FAMILIES AFTER A DIAGNOSIS OF CANCER



PARTICIPANT'S NAME:
 PARTICIPANT'S ADDRESS:
 EVENT NAME:
 EVENT DATE:

We, who have given our name, home address and postcode below, and who have ticked the box entitled 'Gift Aid', want ABBY'S HEROES to reclaim tax on the donation detailed below, given on the date shown. We understand that each of us may pay income tax equal to the tax reclaimed by the charity on the donation. PLEASE NOTE - GIFT AID IS NOT APPLICABLE TO COMPANY DONATIONS AND CANNOT BE RECLAIMED AGAINST PERSONAL DONATIONS MADE AGAINST A COMPANY ADDRESS OR FOR ANY ADDRESS WITHOUT A FULL POSTCODE.

TITLE	FULL NAME	FULL ADDRESS	FULL POST CODE	AMOUNT DONATED	DATE GIVEN	TICK FOR GIFT AID

THANK YOU SO MUCH FOR YOUR SUPPORT

PLEASE MAKE CHEQUES PAYABLE TO 'Abby's Heroes' AND RETURN ALL FORMS TO
 Abby's Heroes, 1 Talisman Business Centre, Duncan Road, Park Gate, Southampton, SO31 7GA
 E-mail: info@abbys-heroes.org Website: www.abbys-heroes.org
 Registered Charity No: 1170676