

Donation form

Todays date:			Donation amount:	
Title:*	* First Name:* Surname:*			
Address:*				
	Post code:*			
Contact number: Ema		Email address:		
	e your funds raised? Please ection, In Memoriam etc.	be as specific as possible i.e.	coffee morning, cake sale, Memory	
Are you a	n member of a company or \	Volunteer Fundraising Group	? If so, which one:	
*We need	you to complete these sections	s in order to claim Gift Aid on you	ur generous donation.	
	e your gift worth more at I		. G . 1:L	
Alzhe	eimer's Society in the pas ey that I make to be Gift A			
		•	ss all Charities; it is my responsibility to from the tax I pay for the current tax year.	
we're doir fundraisin We will no pass then	to stay in touch with our late ng to lead the fight against d ng, campaigning, services, re ot sell your details to third pa n to companies such as fulfill d to act on our behalf.	ementia including, search and volunteering. rties. We may need to	I am happy to be emailed I am happy to receive SMS I am happy to be called I would prefer not to be mailed	
Freepost			House, Tailyour Road, Plymouth, PL6 5FS	

Source code:

If you would like to pay by credit or debit card, please call 0330 333 0804

Alzheimer's Society operates in England, Wales and Northern Ireland. Registered charity No. 296645.

Department code:

Staff use only

PV Key:

Registered with FUNDRAISING REGULATOR