

DONATION FORM

DONOR DETAILS			
Name or organisational name:			
Address:			
Postcode:		Telephone:	
Email:			
DONATION DETAILS			
Amount donated:			
Reason for donation:			
giftaid it	☐ Treat the above gift as a Gift Aid donation		
	☐ Treat all gifts of money that I make today and in the future as Gift Aid Donations		
Increase your donation by 25p of Gift Aid for every £1 you donate. Please tick the appropriate box	☐ Treat all gifts of money that I have made in the last four years and all future gifts of money that I make from the date of this declaration as Gift Aid donations		
DECLARATION am a UK Taxpayer and understar my donations in that year it is my re			Gains Tax that the amount of Gift Aid claimed on a
Signature:			Date:
KEEPING IN TOUCH			
We couldn't continue to provide such	excellent support t	o our children and our families v	vithout your donations – thank you! We'd like to keep in
· ·	ews, events, and a	ctivities and how your donations	are helping. Please tell us how you would like us to
contact you in the future:		San Mattana	
☐ Yes, I'm happy to receive post from Adoption Matters ☐ Yes, I'm happy to receive emails from Adoption Matters			
			v by contacting us on the information below.
Please note: We are required by law	· ·		-

Thank you for supporting our children and families

Please send the completed form and cheque made payable to **Adoption Matters** to:
Adoption Matters, 14 Liverpool Road, Chester CH2 1AE. Tel: 0300 123 1066 or email fundraising@adoptionmatters.org.uk
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