DONATION FORM



	AL DETAILS								
Title First Name					Surname				
Address					Contact Number				
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2 DONATE									
Project:									
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Please acc	ept my		#						
total dona									
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3 GIFT AID	DECLARATION	N* Increase y	our donation l	by 25%	at no extr	ra cost	to you		
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PAY BY CA	RD								
I will pay by	Debit Card or Cre	dit Card	Card Type						
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