

DONATION FORM



Giving hope to grieving children

Please complete and return the donation form below with your payment details to:
Winston's Wish, 17 Royal Crescent, Cheltenham, GL50 3DA

Title: Mr / Mrs / Miss / Ms / Other: _____

Full Name _____

Organisation (if applicable): _____

Address: _____

Postcode: _____ Tel No. _____

Email: _____

I enclose a cheque payable to "Winston's Wish" for £ _____

Winston's Wish Bank Details: Barclays Bank, 128 High Street, Cheltenham, Gloucestershire, GL50 1EL
Account Name: Winston's Wish **Account No:** 60806390 **Sort Code:** 20-20-15

I have deposited £ _____ amount into the Winston's Wish account on (date)

The reference I used is: _____

I am paying the sum of £ _____ by credit / debit card: Visa / Mastercard / Switch / Maestro

Long card number:

Start Date: Expiry Date: Security No. (the last 3 digits on your cards signature strip)

Signature: _____ Date:

Please tick the box if you are happy for us to claim Gift Aid on your donation. You are ticking to confirm that you are a UK taxpayer and would like Winston's Wish to reclaim tax on all donations until further notice. *giftaid it*

Tell us how you raised the money:

What was your motivation to fundraise for Winston's Wish:

We would love to see photos or videos from your fundraising. If you have some you'd like to share with us, tag Winston's Wish on Facebook, Instagram and Twitter or send to community@winstonswish.org