Yes! I want to help lonely people with my caring gift of...



£	£15 £25	£50	OR my choice:	£	
I'd like to make this a monthly donation (please tick)					
My d	letails				
	First Name				
Addres	SS;				
Phone	:				
Date o	f Birth:	MYY	Please send me informat WaveLength	ion about leaving a ç	gift in my Will to
Payr OR: Card no		£	sa/MasterCard/CAF ca	the TV has mad the less isolated mind occupied o for a w	d. I can keep and distracted while.
Gift /	Aid can increase I want to Gift Aid this donatio until I notify them otherwise I am a UK taxpayer and unde Capital Gains Tax than the an that tax year it is my respons Signed	n and any future donat (please tick) rstand that if I pay less nount of Gift Aid claime ibility to pay any differe	ions I make to WaveLength Income Tax and/or d on all my donations in	Please con address or to or if you nee	ntact us if your ax status changes ed to cancel this claration.

Return your completed form to WaveLength Charity, 159a High Street, Hornchurch, Essex, RM11 3YB.

We will use the information provided on this form to process your donation and keep you informed about our work. You can update your contact preferences at any time by calling 01708 621101 or emailing fundraising@wavelength.org.uk. If you would prefer not to hear from us, tick this box

