

DONATION FORM

I raised £ _____ by _____ (running/walking/baking etc.) on ___/___/___.

MY DETAILS

Name: _____

Address: _____

Postcode: _____

Telephone (optional): _____

Email (optional): _____

Please tick the method you're using below:

I enclose cheque/s or postal orders payable to the Trussell Trust totalling £ _____.

I would like to pay in my funds by card.

CARD DETAILS

Card type: Visa/Mastercard/Maestro

Amount: £ _____

Name on card: _____

Card number:

Start: / End: /

Issue number (if applicable): _____

Signature: _____

If you'd like to receive updates about the difference your donation is making and other ways to get involved, please tick here to join our mailing list. By giving us your details you agree to hear from us about other ways you can donate or fundraise and other news about the organisation. You can update your preferences at any time, including how often you hear from us. We will never share your information with third parties.

Please send your completed form to Supporter Care, The Trussell Trust, Unit 9, Ashfield Trading Estate, Ashfield Road, Salisbury, SP2 7HL.

