

GIFT AID DECLARATION/DONATION FORM

I _____ (please print your full name)

Of

_____ (please print your full address and
postcode)

declare that

_____ A _____ all donations made
under my Bank Mandate or

_____ B _____ this and all my future
donations

is a / are Gift Aid donation(s) upon which the Foundation can reclaim tax.

Date _____ Signature _____

Please make all cheques payable to the "The Slynn Foundation"
All donations will be acknowledged

PLEASE RETURN THIS FORM TO:

Ruth Eldon, Executive Administrator, The Slynn Foundaton 7-8 Essex Street London WC2R 3LD

Patrons

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Trustees

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