

Yes, I would like to help Women's Health Concern

If your name and address details are incorrect, please amend them above.

If you would prefer not to receive a thank you letter please tick here.

Would you like to help women like Sheetal, Arlene, Emily, Paula by leaving a legacy in your Will? For more information, please tick this box.

Yes, I want to Gift Aid my donations to Women's Health Concern. Please Gift Aid all donations I have made in the last six years (prior to this year) and all donations I make in future until I notify you otherwise.

Today's Date: ____ / ____ / ____

You must pay an amount of income tax and/or capital gains tax at least equal to the tax that Women's Health Concern, in addition to any other charities, reclaims on your donations.

If you are happy for us to contact you by phone and email, please write your details below.

email _____

phone _____

1. Here is my gift of:

£50 £100 £250 £500 £1000

£ other

2. I would like to donate by:

cheque/postal order (please make payable to Women's Health Concern and write your name and address on the back)

debit/credit card CAF card

Card no.

Valid from

Expiry date

Issue no. (Switch/Maestro only)

/

/

/

Cardholder name _____

(as printed on card)

IN BLOCK CAPITALS PLEASE

Signature _____ Date _____

How to donate:

Please complete this form and send it in the Freepost envelope provided to:
Women's Health Concern
4-6 Eton Place, Marlow, Buckinghamshire SL7 2QA