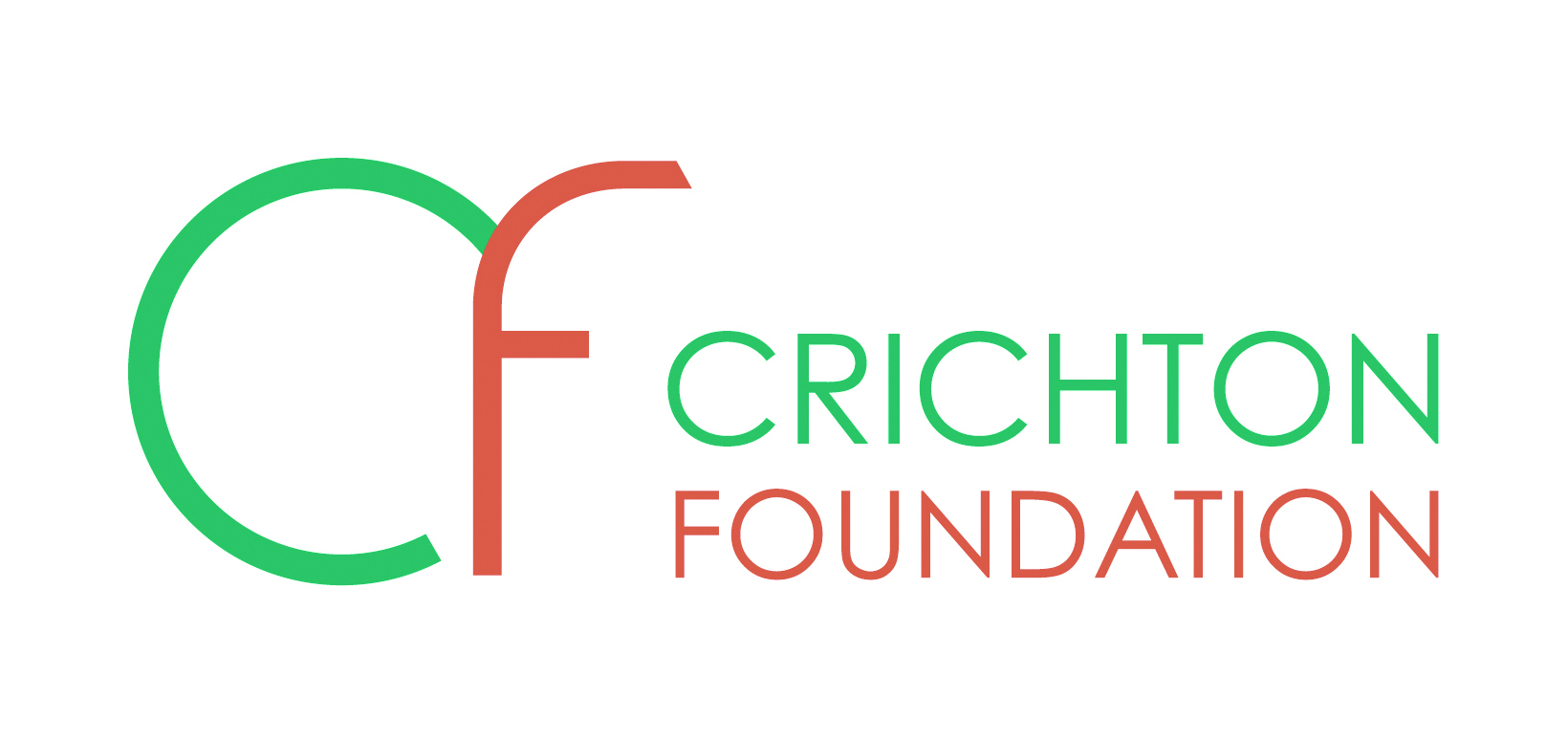
|  |  |
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| Friend No. |  |
| Member No. |  |
| Gift Aid |  |
| Anonymous |  |



**FRIENDS SCHEME APPLICATION FORM**

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| **First name(s)** |  | | |  | | |
| **Surname(s)** |  | | |  | | |
| **Address** |  | | | | | |
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|  | | | | | |
| **Post code** |  | | | | | |
| **Tel. No.** |  | | | | | |
| **Email** |  | | | | | |
| **Signature** |  | | | | **Date** |  |
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| If you would like your donation to remain anonymous please tick here | | | | | |  |
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