Limbless Association One-Off Donation Form

Please complete using CAPITALS. Return completed forms together with your donation to:
Maria Jones
Fundraising & Events Officer
Limbless Association
Queen Mary's Hospital
Roehampton Lane
London
SW15 5PN
Tel: 020 8487 6036
Email: maria@limbless-association.org

Your Personal Details

Title: Forename: Surname:

Address:

Town:

Postcode:

Your Donation Details

I wish to donate £_____ By Cheque ☐ Postal Order ☐ Credit Card ☐

Please make cheques / postal orders payable to the Limbless Association

Or please charge my Visa ☐ MasterCard ☐ Debit Card ☐ Switch ☐

With the sum of £_____ Amount in words_____

Your Card Details

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Start Date: ☐☐/☐☐ Expiry Date: ☐☐/☐☐

Security Number: ☐☐☐ Issue Number: ☐☐

(3 Digit number found on the signature strip of the back of your card)

Thank you for your kind support!