

DONATION FORM (GENERAL)



YOUR DETAILS:

Fields required:

Title (please tick): Mr Mrs Ms Other _____

First name: _____

Surname: _____

Address: _____

Post code: _____

Telephone number: _____

Email: _____

I would like to make a donation of £ _____

TO PAY BY CHEQUE/POSTAL ORDER

Please send your donation to Sewa International, 110 High Street, Edgware, Middlesex, HA8 7HF

TO PAY BY CARD

Please debit my

Visa Master card Maestro switch Card CAF Charity Card with the amount specified

Card Number:

Expiry date: /

Start date: /

Issue No:

Signature: _____

Date: _____

We would like to keep you informed of our work. If you do not wish to receive any further communication from Sewa International, Please tick this box