



Promoting and Enhancing Community Health and Well Being

Charity Donation Form	
(Charity no 1125340)	
<input type="checkbox"/> Yes I wish to become a "friend of MyHealthnet by making a donation"	
Please write your name as you would like it to appear on our donors register	
Title (Dr/Mr/Mrs/etc) -----	Full Name -----
Job title -----	
Address -----	
----- Post Code -----Tel:--	
-----Fax: -----	
Email -----	Other: -----
I wish to make a gift of: £	I enclose Cheque <input type="checkbox"/> or CAF <input type="checkbox"/>
Please make payable to MyHealthnet Charity Fund	
Please consider giving regular support, this will help us plan more effectively	
<i>(Name and address of your bank or building society)</i>	
Bankers Order: -----	
To the Manager of -----	Post Code -----
Code -----	Tel: -----
I/We wish to make a Bankers Order payable to: "MyHealthnet Charity "Unity Trust Bank, Nine Brindleyplace, and Birmingham B1 2HB. To Account number 21184113 Bank Sort Code 08-60-01 Quote Reference number ----- (to be completed by Charity Fund)	
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual Gift of <input type="checkbox"/> £100 <input type="checkbox"/> £50 <input type="checkbox"/> £25 <input type="checkbox"/> £10 <input type="checkbox"/> Other [£]	
Payable on 1 st <input type="checkbox"/> or 15th <input type="checkbox"/> Commencing [/ /]	
Please indicate here if you wish to support one of our special appeals	
Outreach Centre appeal <input type="checkbox"/> Youth Health Bus appeal <input type="checkbox"/> General Charitable Purposes <input type="checkbox"/>	
Education and Literature appeal <input type="checkbox"/> Condom appeal <input type="checkbox"/> Screening appeal <input type="checkbox"/> IT appeal <input type="checkbox"/>	
My /our account name and number: -----	
Bank: -----	Sort Code: -----
Signed: -----	Dated: -----
Please charge my: MasterCard/Visa/Amex Diners Club/CAF/Switch	
<i>(Please delete as appropriate)</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Expiry date: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	
Issue no. (Switch only). <input type="checkbox"/> <input type="checkbox"/> Signature -----Date:-----	
Please tick here <input type="checkbox"/> if you are a tax payer and would like us to claim back the tax on all your donations, this will give us an extra 28p for each £1 you give at NO extra cost to you.	