Donation Declaration & Receipt Form

Complete in **BLOCK CAPITALS**



1 Details of Donor

Title	Mr	Mrs M	iss Ms	otł	ner	
Forename			Surname _			
Home Address						
Town			Pos	t Code		
	Mobile					
Telephone						
Email						
Please tell us how yo your preferences bel		from us in the futur	re about our resc	ue work, fur	ndraising events &	publications by ticking
I consent to The Kit	Wilson Trust conta	cting me:				
Ву Ро	By Ema	By Email		By Phone		
2 Donation Please make cheques/pr	£ sostal orders payable to Ti	. he Kit Wilson Trust fo	or Animal Welfare	re	lease tick this box if you equire an acknowledge	
3 Gift Aid If you an				_	_	r the Gift Aid Scheme at
	donations I make of ha					npany or someone else. as Gift Aid donations
	mmunity Amateur Spor	ts Clubs on all your o	donations in the tax			he amount of tax reclaimed ril the next). Currently 25p
4 Fundraising, E	vents & Collect	ions				
Was the event organ	nised by KWT?		Yes	No		
Was this donation ra	aised via a KWT Coll	ection goblet?	Yes Go	blet No.		No
Name of Event/Collection Event/Collection Venue						
5 Shop Use						
Shop Name		Date of Donation				
Till Receipt Numb	er					
Banking Slip No		Cash/Card/Cheque				