

MEDIC MALAWI
Registered Charity No.1088126

GIFT AID DECLARATION

Title.....

Forename(s).....Surname.....

Address.....

.....

.....PostCode.....

I wish Medic Malawi to treat all donations I have made since April 2000, and all donations I make from the date of this declaration until I notify you otherwise as Gift Aid donations.

Signed.....

Date.....

SEND THIS FORM, WHEN COMPLETED TO:

Medic Malawi
4 Thornhill Road
Mannamead
PLYMOUTH
PL3 5NE