

Name: _____

Address:

Email: _____

Phone: _____



To donate any offline funds you have raised during your Sober October please complete this form and return to: **Go Sober c/o Macmillan Cancer Support**, 89 Albert Embankment, London, SE1 7UQ

giftaid it

TITLE	FIRST NAME	SURNAME	HOUSE NAME OR NUMBER	POSTCODE	DATE OF DONATION	YOUR DONATION	GIFT AID (please tick)
MR	JOHN	SAMPLE	321a	CR1 3FG	01/10/17	£ 10.00	<input checked="" type="checkbox"/>
Miss	SARAH	SMITH	65	GU3 2SQ	04/10/17	£ 20.00	<input checked="" type="checkbox"/>
(Please fill in your name and home address in your own writing – otherwise we can't claim Gift Aid.)							
						£	<input type="checkbox"/>
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	SUB-TOTAL					£	

