



KIRF POSTAL FORM – EYE APPEAL



PLEASE COMPLETE THIS FORM IF MAKING A SINGLE POSTAL DONATION BY CHEQUE, POSTAL ORDER OR CREDIT CARD
DO NOT SEND CASH BY POST

Section 1a: PLEASE SEND THIS COMPLETED FORM TO:

KASHMIR INTERNATIONAL RELIEF FUND
255 HIGH ROAD
LONDON
E11 4HH

Section 1b: PAYMENT METHOD

HOW WOULD YOU LIKE TO DONATE? Tick one box	
<input type="checkbox"/>	Cheque or Postal Order Complete section 2a
<input type="checkbox"/>	Credit Card, Debit Card or Switch Complete section 2b

Section 2a – DONATE BY CHEQUE OR POSTAL ORDER

I enclose a cheque / postal order (delete as approp.)
made out to "Kashmir International Relief Fund"
for the AMOUNT of £ _____
Please send me a receipt.

Section 2b – DONATE BY CREDIT CARD Tick one box

<input type="checkbox"/>	Visa
<input type="checkbox"/>	Mastercard/Access
<input type="checkbox"/>	Delta
<input type="checkbox"/>	JCB/Solo
<input type="checkbox"/>	Switch

Credit Card Number															
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AMOUNT £ _____										Start Date		<input type="text"/>	<input type="text"/>	MM/YY	
For CAF to complete if applicable										Expiry Date		<input type="text"/>	<input type="text"/>	MM/YY	
Authorisation Code										<input type="text"/>	Switch only				

SECTION 3 – YOUR DETAILS

Your Name & Address	
KIRF Doner ID (If known):	
Mr/Mrs/Miss/Ms/Dr/Other _____	
Name(s):	
Address:	
Town:	
City:	
Postcode:	

Your Signature					
DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DD/MM/YYYY

OTHER INFORMATION (Optional)	
Telephone:	
Mobile:	
Email:	
Website:	

giftaid it
Information

Use Gift Aid and you can make your donation worth more. For every pound you give, KIRF can claim 28 pence from the Inland Revenue. If you are a **UK Taxpayer** and would like to increase your donation **just tick here:** *giftaid it*

FOR OFFICE USE ONLY					
Originator Identification Number					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	5	8	6	4	4
CAF Reference Number					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	0	0	8	.	0 5

If you need help to complete this form, please contact us on 08700 421 700 or email info@kirf.org