



KIRF POSTAL FORM – GENERAL FUND



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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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AMOUNT £ _____

Start Date MM/YY

Expiry Date MM/YY

For CAF to complete if applicable

Issue No. Switch only

Authorisation Code

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