



KIRF POSTAL FORM – JATLAN HOSPITAL



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

| | | | | | | | | | | | | | | | | | | | |
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AMOUNT £ _____

Start Date MM/YY

For CAF to complete if applicable

Expiry Date MM/YY

Authorisation Code

Issue No. 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 DD/MM/YYYY

OTHER INFORMATION (Optional)

Telephone: _____
 Mobile: _____
 Email: _____
 Website: _____



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

| | | | | | |
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CAF Reference Number

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