

# Epsom Medical Equipment Fund (EMEF)

## Gift Aid Donation Form

Please complete the form below, sign and date at the bottom then post to:

**EMEF, 32 Tealing Drive, Ewell, Surrey, KT19 0JS**

**Title:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

I wish the Epsom Medical Equipment Fund to treat any donation I make after 6<sup>th</sup> April 2007 as Gift Aid donations.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Amount Gifted:** £ \_\_\_\_\_

*Cheques should be made payable to **Epsom Medical Equipment Fund***