



Donation Form

I would like to make a **donation** to Connect

Here is **cash/cheque** for £_____ made payable to
Connect (Communication Disability Network)



Name _____

Address _____



Town _____

County _____ **Post code** _____



Telephone _____



E-mail _____

Please tick: I have aphasia ✓ or I am a relative/friend ✓



Please send to -
Fundraising Department,
Connect, 16-18 Marshalsea Road, London SE1 1HL

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I am a **UK tax payer** and would like **Connect** to reclaim up to an **extra 28%** on all **donations**, including previous donations I have made in the last six years, and all future donations. **Please, tick the Gift Aid box below.** ✓

I understand that I must have paid an amount of **UK income tax** or **capital gains tax** at least **equal** to the tax that Connect will **reclaim** in the **tax year**. ✓

Connect is a registered charity. We would like to keep **your details** on a **database** for our records and so we may send you **details** of about Connect activities. It will **not** be used for any other purpose. If you are **not happy** to have your details kept on a **database**, please tick here ✓