



## Donations to Cruse (Chiltern & Beaconsfield Branch)

Although our counselling is free of charge, the running costs of our branch are substantial and we rely on donations to maintain our service.

I enclose a donation of £.....

Name: .....  
(BLOCK LETTERS PLEASE)

Address:.....

.....

.....

Postcode.....

Please make your cheque payable to '**Chiltern & Beaconsfield Branch of Cruse**' and send it to:

Hon. Treasurer  
Cruse Bereavement Care  
Chiltern & Beaconsfield Branch  
C/o The Free Church  
Woodside Road  
Amersham  
HP6 6AJ

## Gift Aid Declaration

Full Name:.....

I am a UK taxpayer and would like Cruse Bereavement Care to treat this donation as Gift Aid. I currently pay sufficient UK income tax or capital gains tax to cover the amount reclaimed by Cruse.

Signature..... Date.....