

1 Your donation

I would like to give £10 £25 £50 Other amount £_____

Donations by cheque / postal order / CAF cheque

Please make payable to **Medical Aid for Palestinians**

Donations by Credit or Debit card

Card type Visa Master Card Amex Switch/Maestro CAF Card

Card Number / / /

Start date (if applicable) / Expiry / Issue No

Signature _____ Date _____

2 About You

Name _____

Address _____

Postcode _____

Email _____

Telephone _____

Gift Aid your donation

If you are a UK taxpayer, MAP can increase your donation by nearly a third – at no extra cost to you.

Yes, I would like MAP to claim tax on all donations I have made since 6th April 2000 and on future donations until further notice.

NB: you must pay an amount of income tax or capital gains tax equal to the amount MAP will reclaim on your donations, 28p for every £1.

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Please tick here if you do not require an acknowledgement for your donation.

MAP would like to keep you informed about our work. If you do not wish to receive any further information about MAP, please tick this box. Please note that MAP does not forward details of our donors to third parties.

3 Post your donation

Medical Aid for Palestinians
Freepost ND6445
London
N1 1BR

Or use a stamp to save the cost of postage.

Thank You!