

1 Your donation

I would like to give the following amount tax-free to Medical Aid for Palestinians. I would like to give

1. Monthly £10 £25 £50 Other amount £_____

2. Weekly £7 £5 £2 Other amount £_____

I already give to charity through my payroll Yes No
(This will be added to existing donations unless otherwise stated)

2 Your details

Your Employer	Your personal details
Employer's name _____	Your name _____
Address _____	Address _____
Postcode _____	Postcode _____
Telephone _____	Email _____
Payroll no. (if known) _____	Telephone _____
Signature _____	Date _____

IPG0505

3 Return this form to:

Medical Aid for Palestinians
Freepost ND6445
London
N1 1BR

Or use a stamp to save the cost of postage.

Thank You!