

GIFT APPLICATION

TO AVOID DISAPPOINTMENT, PLEASE READ THIS CAREFULLY AND PROVIDE ALL INFORMATION REQUESTED OR UNFORTUNATELY YOUR APPLICATION MAY NOT BE PROCESSED

OUR CHARITY PROVIDES A GIFT, OR A DAY OUT TO CHILDREN WITH CANCER, LIFE LIMITING CONDITIONS AND THOSE WHO ARE TERMINALLY ILL IN THE EAST MIDLANDS AREA.

(SIGNATURE OF PARENT/GUARDIAN)

PLEASE READ CAREFULLY:	
WE WILL NEED THE FOLLOWING INFORMATION IN OF	RDER TO CONSIDER REQUESTS:
Name and age of child	
Illness (brief details)	
Name/phone numbers/e-mail address of parent(s) or	
What gift they would like	
Best address for delivery of gift	
who will always try to defraud and take advantage.	our child's condition. This is due to fraudulent people recent letter from a consultant or a letter regarding an need emailing to us.
We would love to use photographs of your child vadvertising, but firstly we do need to ask your per If you agree, please sign below: Release Form Photo	•
As parent/guardian ofCharity to use photographs of my child. (This can	be revoked at any time, notifying us in writing)
(PRINT NAME OF PARENT/GUARDIAN)	(DATE)