

DONATION LOGGING FORM

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|---|--|--------|------|------|
| Title: | First name: | | | |
| Last name | Do you wish to remain anonymous: Yes No | | | |
| Contact Address: | Preferred Contact method: | | | |
| Preferred contact details (i.e.email address) | Tel | Email | Text | Post |
| Business Contact Address | | | | |
| Website Address: | | | | |
| Donation amount: | | | | |
| | *Campaign: | | | |
| Cheque no: | Cash: | | | |
| Gift Aid: Please provide Gift Aid form for signature if required | Without Gift Aid: | | | |
| Links to Headway: | | | | |
| Are you a Service User? | Family Member? | Carer? | | |
| Grant Funder? | Friend of HW? | Other? | | |
| Extra details | | | | |
| Name of person handing in the donation: | | | | |
| Date: | Staff Signature: | | | |
| | | | | |
| **Bank Payment slip no: | | | | |

- * Campaign – if donor has no preference please insert ‘ core funds’
- ** Bank payment slip no. to be provided once banked and reconciled on Database
- File completed copy