Your details





Title	First Name	Surname		
Home add	dress:			
		Postcode:		
Email:		Tel:		
Relations	hip to your church/cire	cuit/organisation:		
		he ways you can support us. PHONE, but we need your consent to contact you by EMAIL.		
Yes to	EMAIL			
on 01332		ontact you To change your preferences call our supporter care team oportercare@mha.org.uk. Our Supporter Privacy Notice can be licy.		
Your chu	ırch/circuit/organisa	tion details		
Church/o	rganisation name:			
Church/o	rganisation address:_			
	Postcode:			
Name of	circuit:			
Circuit nu	mber:	District number:		
If your gift	t(s) are for a specific	MHA home, scheme or service, list this below:		
How and	whon did you your	schurch or your circuit donate for MHA Sunday?		

How and when did you, your church or your circuit donate for MHA Sunday?

For MHA to claim Gift Aid on donations, it is critical we match donations received with the Gift Aid declarations you have enclosed. Therefore, we need to know the following:

Who donated?	Amount	On what date?	How? Bank transfer to MHA/cheque/online/ telephone
	£		
	£		
	£		
	£		
Total	£	Donations must total more or equal to the amounts shown on the Gift Aid envelopes enclosed in order for us to claim Gift Aid.	