WWT Slimbridge Wetland Centre leaf order form

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My details Title			
First name		Home address	
Last name		Postcode	
Telephone number		Email	
2 Details of the person you're celebrating			Data protection
First name Last name			We would like to keep you up to date about what's happening at our centres,
Their relationship to you			our conservation work and ways you can support us. We are committed to keeping your personal information secure and we will never share it with other organisations for marketing purposes.
Leaf inscription Please write your entry in the boxes.			
We suggest limiting the length of each line to the number of characters listed.			Please tick the relevant boxes below if you are happy to hear from us by:
12			E-mail Telephone SMS
32			You can change your contact preferences at any time by contacting our Supporter Services team on
12			01453 891198 or supporter@wwt.org.uk
Payment and donation <i>Tick one box</i> We request a minimum payment for each leaf, to cover our costs. This payment includes VAT and is ineligible for Gift Aid. Many people choose to give more than the minimum amount. Every penny of these additional funds will be used to benefit Slimbridge Wetland Centre - we can claim Gift Aid too.			
2 years - £100 5 years -		s - £350 Addition	al donation
Pay by debit/credit card Tick appropriate Visa Mastercard Card number			
Start date M M / Y Y Expiry date M M / Y Y		Signature	
		Date DD / MM / YY	
Pay by alternative method Cheque Postal Order Unfortunately we cannot accept payment for entries by CAF voucher or Charity Card. All methods to be made payable to 'Wildfowl & Wetlands Trust'. Please enclose when returning this form. Tick appropriate			
Tax and/or Capital Gains Tax than	claim the tax back taxpayer and I agre uture or have made the amount of Gift. I will notify the cha	from the governmer e to WWT claiming in the past 4 years Aid claimed on all arity if I wish to cand	tax on my donation s. I understand that if I pay less Income I my donations in that tax year it is my cel this declaration, change my name or
Signature		Date DD / MM /	

