6 Marshalsea Road London SE1 1HL **T** 020 7234 9660 **F** 020 7234 9661

I would like to make a gift of:



## **Nurses Staffworker Support – Dimity Grant-Frost**

		•							
	£50 □	£100 □	£250 □	£500 □	£1,000 🗆	£2,000 □	other £		
☐ I enclose my cheque made payable to <i>Christian Medical Fellowship</i>									
☐ I enclose my charity voucher made payable to <i>Christian Medical Fellowship</i>									
☐ I would like to support this staffworker regularly. Please tell me how.									
☐ If this staffworker is fully supported please use this gift to support other staffworkers									
Full na	ame:								
Addre									
	dress: Post Code:								
Email	address:								
CMF	will claim (	Gift Aid or	n all gifts (	except ch	arity vouche	rs) where w	e have a siç	gned Gift Aid	declaration.
Where	e we are ι	ınsure if y	our gift is	eligible we	e will get in t	ouch with y	ou, ideally b	y email.	
□ Ple	ase <b>do no</b>	ot claim G	ift Aid on I	my gift					
Pleas	e return y	our compl	eted form	to:					
Chris 6 Mar									

Progress code: 43200DGF