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CMF

Christian Medical Fellowship

Graduate Staffworker Support – Audrey Chalmers

I would like to make a gift of:

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- I enclose my cheque made payable to **Christian Medical Fellowship**
- I enclose my charity voucher made payable to **Christian Medical Fellowship**
- 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 name: _____

Address: _____

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CMF Membership number (if known): _____

CMF will claim Gift Aid on all gifts (except charity vouchers) where we have a signed Gift Aid declaration.

Where we are unsure if your gift is eligible we will get in touch with you, ideally by email.

Please **do not** claim Gift Aid on my gift

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Christian Medical Fellowship
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