

# 3. ENVELOPE DONATIONS

Your details, please print in block capitals

*Name*

*Full Address:*

*Post Code:*

*Day Time Tel:*

*Evening Tel:*

*Email Address:*

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I wish to participate in Envelope Option    One / Two  
*Delete as appropriate*

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*Signed:*

*Date:*

Please send with your Gift Aid Declaration to:

The Gift Aid Team  
Peterhouse  
St Peter Street  
Winchester SO23 8BW