## I would like to support the **Dolawen Outdoor Activity Centre** to provide outdoor educational facilities to young people to promote healthy and active lifestyles, by donating to the Stringer Trust.

SECTION 1 – My personal details														
Title First Name					Surname									
Address														
										Postcode				
Telephone Number														
Email address														
Your	details are held on our da	tabase and	we will cor	ntact you	from tir	me to tim	e. We	e prom	nise that w	e will <b>never</b> p	ass on or sell	your detail	s.	
SECTION 2 – One off donations I would like to support Dolawen Outdoor Activity Centre by making a single donation to Stringer Trust.														
Please	e accept my single donation	£	£											
Payment details														
Lenclose a cheque for the amount of: £														
I have made a direct transfer of:					to Stringer Trust's bank account*									
From: Namo(s) of account holder(s)														
From: Name(s) of account holder(s) *Stringer Trut USEC Park 1 Kings Pareds Ditching Pared Prighter PN1 6U. Sort Code: 40.14.01. Account No: 41603841														
*Stringer Trust, HSBC Bank, 1 Kings Parade, Ditchling Road, Brighton, BN1 6JT. Sort Code: 40-14-01 Account No: 41603841 SECTION 3 – Regular Standing Order donations														
I would like to make a regular gift, payable by standing order to Stringer Trust of														
	£5 per month		£10 per	month			£1	l5 per	month					
	My own choice amoun	t of £					m	onthly	/quarterly	//half yearly/a	nnually (delet	e as appro	priate)	
My own choice amount of £ monthly/quarterly/half yearly/annually (delete as appropriate)														
The Manager of (name of your bank/building society)														
Addr	ess													
											Postcode			
Name(s) of account holder(s)														
Account Number											Sort Code			
I would like to set up a standing order to Stringer Trust (reg charity no 296717) HSBC Bank, 1 Kings Parade, Ditchling Road, Brighton, BN1 6JT, Sort Code: 40-14-01 Account No: 41603841 for the amount specified above.														
l wou	d like this to take effect f	rom		/		/								
Signature										Date	1	/		
SECTION 4 – Gift Aid Boost your donation by 25p of Gift Aid for every £1 you donate. In order to Gift Aid your donation please mark the relevant box below.														
In ord	er to Gift Aid your donati	ion you mu	st tick the	box belov	N:									
	I confirm that I would like	e all my dor	nations, pas	st, presen	t and fu	uture to t	ne Strii	nger T	rust (reg c	harity no 2967	17) to be trea	ated as Gift	Aid donati	ons.
I understand that if I pay less Income tax and/or Capital gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference.														
Signa	ature										Date	/	/	
۸IJ £	ds raised will be used in	accordan	with the -	ime of the	o oborit				orning de s	umont nor-l	u to provide a	utdoor of	untional f	cilities to

All funds raised will be used in accordance with the aims of the charity as set out in its governing document, namely to provide outdoor educational facilities to young people to promote healthy and active lifestyles.