Field of Women

Registration Form

Please complete this form and return to the address below.

I enclose my registration payment of £……(£10 per person) for …… people

TO PAY BY CHEQUE

Please make your cheque/charity voucher payable to '**The Linda McCartney Centre'**

TO PAY BY CREDIT CARD

Card type: Visa, Master Card, CAF, Switch etc……

Card Number | | | | | | | | | | | | | | | |

Card expiry date …./…. Card start date …./…. Issue Number …. 3 digit security No. ..…

If you are a UK taxpayer you can increase your donation at no extra cost to you through Gift Aid – making every £1 you give worth £1.28 to The Linda McCartney Centre (reg. Charity No.1047988)
Please read the declaration at the bottom of this page and tick the box ☐

Title……..Name……Surname……

House Name / Number……

Address……Town……

Post Code…….

Phone……

Email……

Signature……Date……..

Please return this form to:

The Linda McCartney Centre
Fundraising Office
Royal Liverpool University Hospital
Liverpool
L7 8XP
Tel: **0151 706 3172** Fax**: 0151 706 3150** e-mail: **info@fieldofwomen.com**

Please send me information about regular giving ☐

*I understand that I must pay an amount of income or capital gains tax at least equal to the tax that The Linda McCartney Centre reclaims on my donations in the tax year.

Registered Charity Number 1047988