solomon's children
when will we learn?

Please print and complete this form and return it to:

Solomon's Children
PO BOX 1392
Oxford
OX4 1YQ

Name and Address:

Mr/Mrs/Miss/Ms: _____ Initials: _____

Surname: _____

Address: _____

Town/City: _____

County:_____

Postcode:_____

Please accept my donation of £ _____

[ ] I enclose my cheque/postal order payable to Solomon's Children Registered Charity, OR
[ ] Please debit my MasterCard/Visa/American Express/Diners Club/CAF Charity Card/Switch (delete as applicable)

Card Account No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiry date ___/___ Switch card issue no. ☐☐

Signature _____ Date _____

Please accept our warmest thanks for your gift. If you do not require an acknowledgement, please tick this box [ ]

THE CHARITY GETS THE TAX BACK

[ ] I wish the Solomon's Children to reclaim tax on all my donations from 6th April 2000.*
[ ] I am a non taxpayer
* Please note that for your gifts to qualify for tax relief, you must be paying at least 28p in income tax for every £1 you donate.

If you are happy to be contacted by e-mail, please write your e-mail address here:
_____