



## Donation Form

(Full name and Address)

**I'd like to donate** (Please tick as appropriate)

☐

**£5**

☐

**£10**

☐

**£20**

☐

**£50**

☐

**Other**

**Cheque**

☐

**Debit / Credit Card**

☐

Please make Cheques payable  
to CF Dream Holidays

**Card No.**

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**Expiry Date**

		/		
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**CVV**

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(Last 3 digits on the back of your card)

**Name**

As it appears on your card

**Signature**

**I wish my donation to be Gift Aided**

☐

In order to claim Gift Aid we need your first Initial, Title and surname. If these are not correct on your address overleaf then please enter the correct information below.

**Title**.....**Initial**.....**Surname**.....

I am a UK taxpayer. I would like CF Dream Holidays to treat all donations made by me on or after January 2022 as Gift Aid donations until I notify Dream Holidays otherwise.

**I do not qualify for Gift Aid**

☐

**HEAD OFFICE**

CF Dream Holidays  
4 Norton Cottages  
Tongue End  
Spalding  
Pe11 3jl

**FINANCE / FUNDRAISING : Darren Faulkner**

Tel: 01775 670399  
Email: [Darren.cfdreamholidays@hotmail.co.uk](mailto:Darren.cfdreamholidays@hotmail.co.uk)

**FOUNDER / CEO : Elaine Tozer**

Tel: 01983 295187  
Email: [cfdreamholidays@hotmail.co.uk](mailto:cfdreamholidays@hotmail.co.uk)



**CYSTIC FIBROSIS DREAM HOLIDAYS CHILDRENS CHARITY**

Registered Charity No. 1036069

Scottish Charity No. SC043332

We are a totally independent charity and have no links with any other Cystic Fibrosis organisation

[WWW.CFDREAMHOLIDAYS.CO.UK](http://WWW.CFDREAMHOLIDAYS.CO.UK)