

CHARITY REQUEST FORM

We ask that all requests are put in writing including the information below and email to **secretary@tonbridgeangels.co.uk** or hand to one of our Directors on match days.

Please allow at least 4 weeks before your event to request a prize.

Your Details			
TITLE:	FIRST NAME:	LAST NAME:	
TELEPHONE:		EMAIL ADDRESS:	
Charity D	etails		
Are you ra	ising funds for a	a UK registered charity? Yes No	
CHARITY NUI	MBER		
CHARITY NAI	ME		
CHARITY REC	JISTERED ADDRESS		
Event De	tails		
Please giv	e a brief outline	e of your charitable objectives	
EVENT DETA	ILS		
DATE OF EVE	NT:		
REQUEST FR	OM TONBRIDGE ANG	JELS:	