

More options available, including personalisation of your certificate, choice of country, and gift products.

Office use only

TWINNING	I would like to twin <input type="text"/> toilet/s at £60 each	£ <input type="text"/>	sub-total
	I would like to make an additional donation of	£ <input type="text"/>	sub-total
POSTAGE	Please consider making a <i>donation</i> of £3 to cover UK postage and packing	£3	Please tick if you wish to donate £3 to cover P&P
	For international orders, please include a <i>mandatory</i> £7 to cover postage	£7	Please tick if your order is international £7 P&P
TOTAL	Please accept my TOTAL TWINNING gift of	£ <input type="text"/>	Please add all the above totals together

Title: _____ First name: _____ Surname: _____

Home address: _____

Postcode: _____

To contact you about your order, please provide:

Daytime Telephone: _____ Email: _____

Delivery name & address IF different from above: _____

Postcode: _____

STAY INSPIRED: please complete if you're happy to hear about Toilet Twinning's news and activities via: Email Phone Post

We promise never to pass your details onto another organisation for marketing purposes. We will store your personal data securely and we'll use this information to deliver what you have asked us to and to communicate with you in the way you have asked. Your data may also be used for research, screening and analysis purposes, to help provide the best possible service possible. If you want to find out more, you can read our full privacy policy online at www.toilettwinning.org/privacy-policy

You can make your donation worth 25% more

giftaid it **Please complete the address section above to make your Gift Aid Declaration valid.**

I want to Gift Aid my donation to Toilet Twinning, any donations that I made in the last four years, or from DD MM YY and all donations I make in the future. I am a UK taxpayer and 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. Tearfund will claim 25p for each £1 you give on Toilet Twinning's behalf.

Signature: _____ Date: _____

Please notify Toilet Twinning if you: want to cancel this declaration, change your name or home address, no longer pay sufficient tax on your income and/or capital gains. The tax reclaimed will be used to help fund Tearfund's water and sanitation work.

I enclose a cheque (payable to **Toilet Twinning**) I enclose a CAF voucher

Please charge my Visa MasterCard Maestro Electron

Name on card

Expiry date: / Start date: / Issue no: (Maestro only)

Card No. Security Number: (Last three digits on the signature strip)

Signature: Date: **Thank you**

Please return to: Toilet Twinning, 1052-1054 Christchurch Road, Bournemouth, Dorset BH7 6DS

Toilet Twinning is part of Tearfund, Registered Charity Number 265464 (England and Wales) and Number SC037624 (Scotland). VAT number 731 6886 13.

0618/02351