

Order your limited edition four toilets in a community



02352/0718

Four toilets in a community	£240	Quantity	<input type="text"/>	£	<input type="text"/>
Extras:					
Single Toilet Twin (any country)	£60	Quantity	<input type="text"/>	£	<input type="text"/>
Loo roll	£8	Quantity	<input type="text"/>	£	<input type="text"/>
Soap	£6	Quantity	<input type="text"/>	£	<input type="text"/>
Additional donation				£	<input type="text"/>

Please consider making a *donation* of **£3** to cover **UK** postage and packing **£3** Please **tick** if you wish to **donate £3** to cover P&P

Please accept my **TOTAL TWINNING** gift of **£** **TOTAL**

PLEASE COMPLETE THE FORM IN BLOCK CAPITALS – IF PAYING BY CARD PLEASE USE CARD BILLING ADDRESS* BUT PLEASE INCLUDE A DELIVERY ADDRESS

Title: _____ First name: _____ Surname: _____

Address*: _____

_____ Postcode: _____

Daytime telephone: _____ Email: _____

Delivery address if different: _____

_____ Postcode: _____

STAY INSPIRED: please complete if you're happy to hear about Toilet Twinning's news and activities via: Email 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**) CAF voucher Stewardship voucher

Please charge my Visa Mastercard Maestro Electron

Name on card

START date: / / **EXPIRY** date: / / Issue no: (Maestro only)

Card No. **SECURITY NUMBER** (Last three digits on the signature strip)

Signature: Date: **Thank you**



Office use only

