Gift Companionship Form

(This form is valid from 4th April 2011 until 1st April 2012)

Your details

Full name: _____ Companionship No. _____
(If you are an existing Companion)

If you are not a Companion please complete further contact details below:

Address: _____

_____

Postcode: _____

Email: _____

Telephone: _____

Is there a particular date you need the Companionship Pack delivered by: / /

Who would you like the Companionship Pack to go to? Please send the pack to: me ☐ the recipient ☐

Companionship: (Please tick which Companionship you require)	☐ **UK Single**	**£22.00**	☐ **International Single**	**£25.00**
	☐ **UK Couple/Family**	**£34.00**	☐ **International Couple/Family**	**£40.00**
	☐ **UK Senior Single**	**£18.00**	☐ **International Senior Single**	**£21.00**
	☐ **UK Senior Couple**	**£27.00**	☐ **International Senior Couple**	**£30.00**

How are you paying? Cheque ☐ Credit/Debit Card ☐ (Please complete Card Details below)

Card Details *(If required)*

Start Date: | | | | | Expiry Date: | | | | | Issue No. | | | *(Switch)*

Security Code: | | | | *(last 3 digits on the back of the card)*

Details of the person the Gift is for:

Title ____ Full name _____ Date of Birth: / /

Title ____ Full name _____ Date of Birth: / /

Address: _____

_____

Postcode: _____

Email: _____

Telephone: _____

Please return this form to**: Chalice Well Trust, Chilkwell Street, Glastonbury, Somerset BA6 8DD**
For more information call **01458 831 154** or email **info@chalicewell.org.uk**

THE CHALICE WELL TRUST