



act:onaid

Payment form

Please return to: Child Poverty Day,
ActionAid (Payments), Freepost BS4868,
CHARD, TA20 1BR

How much money did you raise?

Please specify in the appropriate box the amount from your activity	Amount	Office use
Child Poverty Day fundraising event	Fundraising event taking place on or around Friday 17 October	CPD8FD
Matched giving	Matched donations from your company	CPD8MD

The money you raise will support our work in poor communities, changing lives through education projects and providing children with nutritious meals. We also put pressure on local and national governments to ensure that more children have access to essentials like nutrition, healthcare and free education.

You may take photocopies of this blank form. Please keep a copy of all completed ones for your own records. For further copies of this form or for other queries, please ring 01460 23 8047 and ask for the Child Poverty Day Team. Alternatively, contact us at the above address.

Thank you for your support

Total enclosed with this form: 

Participant:

Address:

Postcode:

Tel:

Date:

Supporter ref no.:

FOR OFFICE USE ONLY		
TYPE	SUB GROUP	
Individual		
Education		
Group	Adult	
	Youth	
	Religious	
	Medical	
Company		
Trust		
Override		
Cost Centre K140 (MA Code) KCF N08		
Date		

Recorded on Infobase