



CHRIST'S HOSPITAL OF ABINGDON

Registered Charity Number 205112

4 St Helen's Wharf, Abingdon, OX14 5EN

Tel: 01235 526487

File reference

Date

Confidential Charity Gift Application

Data Protection: Information included in this document will be held securely at all times. It will not be shared other than with authorised personnel at Christ's Hospital and only for the purpose of decision making. If the application is unsuccessful, it will be shredded. **Please ensure all pages are completed.**

Name of Organisation:

Charity Registration Number (if applicable).....

Postal Address including postcode:

.....

.....

Contact Name:

Contact phone numbers in case of queries:

Contact email in case of queries:

Bank details of an account that accepts BACS payments if the grant application is successful

Name of Bank/Building Society:

Bank Account Name:

Sort Code:

Account Number:

APPLICANT'S DECLARATION

I confirm that all the information given on this form is correct.

Signed

Your grant request

4 St Helen's Wharf, Wharf Road, Abingdon, OX14 5EN Tel: 01235 526487

A copy of our privacy policy is available on our website or upon request to the above address.

Email: clerk@christshospital.org www.ch-of-abingdon.org

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Please provide a description for which the grant is needed (Please continue on a separate page if necessary)

What is the total cost of the project/item required etc	£
What is the value of the grant that you are seeking?	£
How do you plan to raise the rest of the money for your project/item? (if applicable)	
Please show roughly how the costs of the project are broken down and supply any documents, quotes or invoices to support your grant request.	

Local benefit.

All grants are for the benefit of Abingdon residents.



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Please describe how you will ensure the grant is for Abingdon residents only and where possible please supply resident's postcodes.

Please list any other grant applications which are currently pending



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CH Office ONLY

Authorised.....Y/N

Date.....

Signed.....