



Shaka Warriors of Love

Donation form

Collected by Miserden Dental Practice, the charity's first and main supporter



1. Your details

Full name: _____

Address: _____

Postcode: _____

Phone: _____

Email: _____

2. Your gift

Date: _____

Amount (£): _____

Type: ☐ One-off ☐ Monthly (Sponsor a Warrior) ☐ Plan member: extra £1 a month

Paid by: ☐ Card in person ☐ Card by phone ☐ Cash (sealed box) ☐ Bank transfer

Card machine receipt or payment reference: _____

Never write card numbers on this form, and never send card details by email.

3. Your choices (all optional)

☐ Please add my first name and initial to the Wall of Warriors (website and reception board).

☐ I agree to Miserden Dental Practice contacting me about Shaka Warriors of Love. I can stop at any time.

☐ My gifts this year total £100 or more: I would like 20% off one pay-as-you-go hygiene appointment (up to £25).

4. Declaration

I am making this gift voluntarily. It is not linked to my dental care, fees, appointments or plan benefits.

Gift Aid is not currently available. My gift goes to the Shaka Warriors of Love programme through the charity's

UK partner, The Wilder Network CIC, or directly to the programme in South Africa.

Signature: _____

For practice use

Taken by: _____

Practice receipt number: _____

Done: ☐ Entered in charity log ☐ Hourglass total updated ☐ Wall of Warriors added

☐ Thank-you set up in Dentally ☐ Passed to charity

Date passed to charity and how: _____