

# CORPORATE DONATION 2011/12 REMITTANCE FORM



To make a donation please complete this form using BLOCK capitals, (✓) tick the appropriate boxes and return it together with your cheque, made payable to **The GREaT Foundation**, to the following address:

Karen Churches, Fundraising Director, The GREaT Foundation, 35 Piccadilly, London, W1J 0DW

Upon receipt of your donation we will send you a letter of confirmation, invoice (if required), plus a certificate and window sticker highlighting your support in funding research, education and treatment of problem gambling.

## DONATION DETAILS

Company name (to be printed on your certificate)																				
Gambling Commission operating licence number (if applicable)																				
Sum donated	£							Invoice required?	Yes <input type="checkbox"/>		No <input type="checkbox"/>									
What percentage rate of gross gambling yield/profit does your donation represent?																				
May we publicise your company as a financial supporter of The GREaT Foundation?		Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Which, if any, gambling industry trade association(s) are you a member of?	ABB <input type="checkbox"/> BACTA <input type="checkbox"/> Bingo Association <input type="checkbox"/> COA <input type="checkbox"/> Lotteries Council <input type="checkbox"/> NCIF <input type="checkbox"/> RGA <input type="checkbox"/> Other (please specify)																			
Which business sector(s) do you belong to?	Arcades <input type="checkbox"/> Betting <input type="checkbox"/> Bingo <input type="checkbox"/> Casino <input type="checkbox"/> Gambling Machine Manufacturers, Distributors & Suppliers <input type="checkbox"/> Remote Gaming <input type="checkbox"/> Finance <input type="checkbox"/> Legal <input type="checkbox"/> Media <input type="checkbox"/> Professional Services <input type="checkbox"/> Pubs <input type="checkbox"/> Other (please specify)																			

## CONTACT DETAILS

Title	
First name	
Last name	
Job title	
Company	
Parent company (if applicable)	
Address	
	Postcode
Telephone	
Fax	
Email	
Website	

## AUTHORISATION

Signature		Date	
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By submitting your email address you will be indicating your consent for your details to be included on our mailing list to receive electronic copies of our press releases, newsletters etc. If you do not wish to receive such communications please tick this box.

## For office use only:

Received		Amount	£	Format	CHQ <input type="checkbox"/> BWT <input type="checkbox"/>
Banked		Acknowledgement		Certificate	
PIB		PR form		Account number	