



APPLICATION FORM

CONTACT DETAILS:

(Please complete in BLOCK CAPITALS)

Title: First Name(s):

Surname:

Organisation affiliated to *(if any)*:

Address:

City/Town: Postcode:

Telephone: Facsimile:

E-mail Address:

Other relevant information/comments:

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.....
.....

Please tick as applicable:

Please include my name and details on your mailing list.

I would like to make a donation towards your work:

I enclose a cheque payable to **Rediscovering Palestine**.

(Please send your cheque to the address above)

I prefer to pay by standing order. Please send me a form.

I wish to be informed of all your other events.

I would like to help by offering my voluntary services as follows:

(Please give details in the space provided below)

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.....
.....

Signature: Date:

Please return this Application Form to:

Rediscovering Palestine
All Hallows on the Wall
83 London Wall
London, EC2M 5ND