



Bead Donations

Artist Information			
Name:		Number of Beads	
Date of Donation:		Is this your first Bead donation:	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
ISGB Member:	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Like to learn more About our charity:	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Full Address:			
Postcode:			
Home Phone:	Optional		
Mobile Phone:	Optional		
E-Mail Address:			

Declaration:

We will not divulge your information with any other party or organization and your data will be treated with the strictest of confidence. We will only use your details to keep you updated on our Beads of Courage program if requested.

Name (printed)

Signature

Date



Please tell us how we can support you the artists:

Send completed forms to:

Be Child Cancer Aware
2 Park Close, Wickford
Essex SS12 9EH

Thank you for completing this form & for your donation.



Be Child Cancer Aware



@becanceraware