



DONATION FORM

If you would like to make a donation to the Leighton Hospital League of Friends, please complete this form. Thank you.

Name of individual:

Name of firm (if applicable):

Address:

..... Post Code:

Amount donated £

Please return this form with your donation to:

Mrs Fay Bennett
Treasurer
Leighton Hospital League of Friends
Leighton Hospital
Middlewich Road
Crewe CW1 4QJ