



Application form

PLEASE DOWNLOAD, COMPLETE IN CAPITAL LETTERS AND SIGN

Name of charity		Name and position of contact	
Registered number		Contact telephone number	
Address (incl. postcode)			
Please write a brief description of the work of your organisation			

- Does your charity match The Mothercare Charitable Foundation's criteria?
(If no, do not apply). Yes/No
- Are you requesting a one-off donation? Yes/No
- Are you requesting longer-term support? Yes/No
- Is your aim to work on a joint project? Yes/No
- Are you happy to participate in appropriate publicity? Yes/No
- Have you enclosed details of your charity's financial status? Yes/No

Signed Date

Print Name