



the mothercare charitable foundation

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