

Driffield & Wolds u3a

Change of address

Title:	First Name:	Surname:
Membership No:		

Title:	First Name:	Surname:
Membership No:		

Old

Address:
Post Code:
Telephone Home:

New

Address:
Post Code:
Telephone Home:

Gift Aid

If you previously completed a Gift Aid Form this will need to be repeated.
Please tick the box and one will be despatched to you.

Signed:	Date:
Signed:	Date:

Please return the completed form to the Membership Secretary:
Carole Salmon: 1 Wykeham Close, Driffield YO25 6RE.