**Donation Request Form**

**Donor Information** (Section 1)

|  |  |  |  |
| --- | --- | --- | --- |
| **Business Name:** | *Spire Assist Limited* | **Responsible**  **Individual:** | *Uzair Mohiuddin* |
| **Address:** | *Euroway House,*  *Roydsdale Way, Bradford* | **Contact Number:** | *01274 505 815* |
| **Post Code:** | *BD4 6SE* | **Email:** | *info@spireassist.co.uk* |

**Requester Information** (Section 2)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Job Role:** |  |
| **Address:** |  | **Contact Number:** |  |
| **Post Code:** |  | **Email:** |  |
| **Department/Team:** |  | **Line Manager:** |  |
| **Line Manager Email:** |  | **Line Manager Contact Number:** |  |
| **Local Authority:** |  | | |

**Donation Information** (Section 3)

|  |  |
| --- | --- |
| **Donation Value Requested:** |  |
| **Currency:** |  |

|  |  |
| --- | --- |
| **What will the donation be used for?** |  |

|  |  |
| --- | --- |
| **How will this benefit the young person and / or the family?** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Preferred method of receiving donation?** | **Cash** | ***Cheque*** | ***Bank Transfer*** | ***Other*** |

**For Bank Transfers:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bank Name:** |  | | | | | | | | | | | |
| **Account Title** |  | | | | | | | | | | | |
| **Sort Code** |  | |  | |  | |  | |  | |  | |
| **Account Number** |  |  | |  | |  |  |  | |  | |  |

**Which best describes the receiver’s ethnicity? *Please mark ‘x’ for all that apply.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Black British** |  | **White British** |  |
| **Asian British** |  | **Caribbean** |  |
| **Pakistani** |  | **Indian** |  |
| **Bangladeshi** |  | **African** |  |
| **Vietnamese** |  | **Chinese** |  |
| **European** |  | **Other:** | |
| **Not Applicable:** |  | | |

**Which best identifies the receiver’s age group? *Please mark ‘x’ for all that apply.***

|  |  |  |  |
| --- | --- | --- | --- |
| **0 – 5** |  | **6 – 10** |  |
| **11 – 15** |  | **16 – 20** |  |
| **21 – 25** |  | **26 – 30** |  |
| **31 – 35** |  | **35 +** |  |
| **Not Applicable:** |  | | |

|  |  |  |
| --- | --- | --- |
| **Is the donation for a family: (*Please mark ‘x’ in the applicable field).*** | | |
| Yes | | No |
| **Total number of people in the family:** |  | |

|  |  |  |
| --- | --- | --- |
| **Is the donation for a community project: (*Please mark ‘x’ in the applicable field).*** | | |
| Yes | | No |
| **Description of the project** |  | |

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**For office use only:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Received By:** |  | **Date:** |  |
| **Approved / Declined** |  | **Date:** |  |
| **Reason:** |  | | |
| **Sign:** |  | **Date:** |  |