CASTLE CAEREINION UNITED CHARITIES

DAVID THOMAS EDUCATIONAL TRUST

NAME:- _____

ADDRESS:- _____

_____

_____

_____

Email: _____

Mobile: _____

Tel: _____

PLEASE COMPLETE EITHER SECTION A OR B

A) UNITED CHARITIES.

Yes, I am a resident of Castle Caereinion and I wish to apply for funds from the United Charities.

The reason for my application is:

(Please tick the box)

☐ Medicines ☐ Fuel ☐ Nursing

☐ Travel to hospital ☐ Clothing, including uniforms

☐ Food, including school dinners

☐ Other, Please Explain

_____

_____

B) DAVID THOMAS FOUNDATION

Yes, I am a resident of Castle Caereinion and I wish to apply for funds from the David Thomas Educational Charity for the following reason:

_____

_____

_____

_____

Post to:

Castle Caereinion Charities, 3 Swallows Meadow, Castle Caereinion, Welshpool, SY21 9DZ

Or e-mail the completed application to: Castlecharities@outlook.com

CLOSING DATE TUURSDAY 31st OCTOBER 2024