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| Name(s) | ............................................................................................................... |
| Address | ............................................................................................................... |
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| Telephone | ............................................................................................................... |
| Email  | ............................................................................................................... |

I am/We are happy for these details to be shared with other members of Free To Believe. YES..... NO..... (Please tick as appropriate)

Please note: contact details will only be given out if you have ticked YES above. Otherwise you will be contacted if the occasion arises.

If you would like to enclose a donation, please make cheques payable to *Free To Believe* and post with this form to:

*Free To Believe, 4 Sorrel Close, Braiswick,*

*Colchester CO4 5UL*