



Nothing in life is free.

Not even counselling at
Relate Cambridge.

Each year, hundreds of people seek counselling support at Relate but are unable to pay our costs of £55 per session. We do not turn these people away, but we have no way to support the shortfall -- until now.

You can donate a small amount per month, or any amount as a one-off contribution, which will be used specifically to subsidise counselling for those who otherwise could not afford it. In doing so you will support individuals, couples or families who are struggling in their relationships, but you will also be ensuring the ongoing survival of Relate Cambridge in our community.

If you want to contribute to our Voluntary Bursary, please send your completed form to:

**Claire Nunes, Director, Relate Cambridge, 3 Brooklands Avenue,
Cambridge CB1 8BB**

director@relatecambridge.org.uk

01302347712

relatecambridge

www.relatecambridge.org.uk

SUPPORT OUR WORK – VOLUNTARY BURSARY

Relate Cambridge needs and values support from people who share our aims. We do not receive government funding and rely entirely on voluntary donations.

Your Details

Name	
Address	
Postcode	
Telephone No.	
Email Address	

Tick here to receive further information about our fundraising events and services

Monthly gift to Relate Cambridge

Please select one of the following methods of payment for your monthly gift. Tick here if you are a UK taxpayer and you would like Relate Cambridge to reclaim Gift Aid on your gifts:

Cheque made payable to "Relate Cambridge" is enclosed
(Amount: £10 / £25 / £50 / £100 / other: £_____)

Text Message: Text CAMB33 £2/£5/£10 to **70070** to donate, eg. "CAMB33 £5"

Standing Order

Standing Order Form

Please return to Relate Cambridge. DO NOT SEND TO YOUR BANK.

To: The Manager, _____ Bank/Building Society

Full address of branch _____

Postcode _____

Please pay Relate Cambridge £ _____ monthly / quarterly / annually, starting on _____ (day) / _____ (month) / _____ (year) until further notice.

My account number is:

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My sort code is:

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Signed _____ Date _____