

Office Use Only

Claim number:

Date received:

**Date:**

**Telephone:**

**Full Name:**

**Email:**

**Address:**

**Signature:**

Please select the cause below in which your request falls. (Tick appropriate box)  
*(Factual evidence may be required to ensure that all claims are genuine)*

**Deprived Children/Adults**

**Elderly/Lonely**

**Hungry/Homeless**

**Palliative Care**

**Long Term Intensive Treatment**

**Humanitarian Aid**

Please give details of what you are requesting

Please give details of why your request meets the cause you have chosen.  
(please give informative information to help with the decision)

**Please complete this form and return via email or post to:**  
People of Keyworth, 71 Wolds Drive, Keyworth, Nottingham NG12 5FT  
peopleofkeyworth@gmail.com

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**OFFICE USE:**

Request approved

Request rejected

VALUE: £

Signed on behalf of People Of Keyworth. Name:

Signature: