Confidential Recording Kit - A

DONOR REGISTER

Ref No	Name			Full Address		Payment Method*	Date of Declaration	Date of First Payment	Date of Last Payment	Net Expected in Year £	Remarks
	Title	Forenames	Surname	Address	Postcode						

Use 2 lines per record if necessary

* Include bank sort code and account number for Standing Order payers (overflow into remarks column).
Include envelope number for envelope payments