



Sheffield Wednesday  
Football Club

## Charitable Donation Request Form

Contact Name: \_\_\_\_\_

Name of Charity: \_\_\_\_\_

Registered charity number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for request (how would you use any donation for the charity you are representing?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please send this form to:**

Charitable Donations  
c/o Simone Black  
Sheffield Wednesday FC  
Hillsborough  
S6 1SW