



The Tavistock Trust for Aphasia

Registered Charity No. 1131611

Small Grant Application

1. Details of the Applicant (Beneficiary)

Name:

Address:

Tel:

E-mail:

Date of Birth:

2. Purpose of the proposed grant

Item Requested:

What do you need the grant for?

How will the grant be used (answer if applicable)?

What home support do you have?

3. Contribution

We ask applicants to make a contribution towards their small grant if they possibly can, big or small. As a direct result of people's generosity, we are able to fund more small grants. If your application is successful, please download the **Gift Aid form** from the website and send it in with your contribution. * If you **Gift Aid** your contribution it increases its value by 25p for every £1 donated.

Able to contribute: £

4. Please give the name and address of the speech and language therapist or other professional who is referring you

Name:

Address:

Telephone number:

Email address:

5. Please attach a referral letter from the person named above

6. Amount requested:

* You may wish to ask local charities, friends, colleagues and family to help fundraise.

Signed:

Date:

Please return the completed form to:

The Administrator
The Tavistock Trust for Aphasia
Bedford House
15 George Street
Woburn
Bedfordshire
MK17 9PX
T: 01525 290 002