Befor	The Oesophageal Patients Association Caring for the cancer patient & their family eyou article and the cancer patient & their family	We just need son details from you	
		start raising mor	ney
and increase awaren	to support the OPA. Every penny h ess. Please complete this form and a egister with us to ensure you get the	return to us prior to any fund	
Your name			
Your address		Postcode:	
Email address			
Telephone no.			
Details of your fundraising activity			
Date of activity			
How will the mo (eg. running an	oney be raised? event, taking part in an ev	ent, ticket sales or sp	onsorship)
		C	Continue overleaf if needed.
Email: charity@opa.org	g.uk Web: www.opa.org.uk Tel: 0121 704	4 9860.	

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How will the money be raised? (continued)

Will you be setting up a page on JustGiving/Virgin Money Giving or other? Please give details.

How much money do you	Additional d
hope to raise?	
Date you aim	
to donate the	
funds raised	
	4
Please send completed form to:	
OPA 6 & 7 Umberslade Business Centre,	
Pound House Lane, Hockley Heath, Solihull,	
B94 5DF or email to charity@opa.org.uk	

etails.

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