



**CHESHIRE MILITARY MUSEUM**  
**The Castle**  
**CHESTER CH1 2DN**  
 Registered Charity No: 272108



Telephone: 01244 327617  
 e-mail: cheshiremilitarymuseum@live.co.uk  
 www.cheshiremilitarymuseum.co.uk

**Information Request Form**

<b>Your Details:</b>		<b>Date of Enquiry:</b>
Title Mr/Mrs/Miss/Ms/Other (please state)		
First Name:	Surname:	
Address:		
City:	County:	
Post Code:	Country:	
Telephone (Day):	Mobile:	
E-mail:		

**Known Details about the individual you wish us to undertake research on:**

Surname:	Date of Birth:	
First Names:		
Rank:	Service Number:	
Battalion/Unit:		
Place of Birth:	Place of Residence:	
Enlistment Town and Date:		
Trade/Occupation:	Dates of Service:	
Where Served:		
Medals and Awards:		
Discharge date and reason:		
Killed in Action [ ]	Died of Wounds [ ]	Other Reasons [ ]

**If you wish to visit the archives in person they are open on a Saturday, please book a time at least (2 weeks ahead).** Please bring any medals, artefacts or paperwork with you.

Saturday (Date) ..... Time: .....

Are you to be accompanied? YES/NO      If yes, please state total number in party .....

**Any Additional Information**

Office Use Only

Reference Number: **C17/**

Our work in preserving part of Britain's Military Heritage is only possible by the generous support of many members of the public. In order to continue this we request a minimum donation of £15. The Museum is both Independent and a Charitable Trust and through **GIFT AID** legislation, we can benefit even more from your donation – by re-claiming tax that you have already paid. Please use this form to make your **Gift Aid Donation** to Cheshire's Military Museum.

Please complete and return this form with cash, debit/credit card details or cheque – made payable to: **The Cheshire Military Museum**.

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

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

\_\_\_\_\_

Postcode: \_\_\_\_\_

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

I enclose a donation of:  £15      Other £\_\_\_\_\_  cash /cheque or

Please debit my:  Visa     Mastercard     Maestro (Switch)    Card

Name as it appears on the Card: \_\_\_\_\_

Number:  -  -  -

Start Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Switch Issue No: \_\_\_\_\_

3 Digit Code: \_\_\_\_\_ (The last three digits on the reverse of your card)

**I wish the Museum to reclaim tax on my donation**

(Please tick here)  **sign and date**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Important note: - You must pay an amount of income tax or capital gains tax equal to the tax we reclaim on your donations.

A further donation may be requested if extensive research is required.

**THANK YOU FOR YOUR SUPPORT**

Please send your donation and this form to:

**Research Section  
Cheshire Military Museum  
The Castle  
Chester  
CH1 2DN**