**St Luke’s Op Shop Community Donations**

**Expression of Interest**

|  |  |
| --- | --- |
| **Name** |  |
| **Phone number** |  |
| **Email address** |  |
| **Category (school, charity, individual)** |  |
| **Amount** |  |
| **Purpose** |  |
| **Explanation** |  |
| **Signature** |  |
| **Date** |  |
| **If applicant is under 18, please give contact details of responsible adult.** |  |

Please return expression of interest to: to St Luke’s Op Shop, 22 Metcalfe Street, Wallsend, 2287 or email: opshop@stlukeswallsend.church