

U3A FOYLE  
Refund Form

Pascal McDonald House  
Gransha Park  
L'Derry  
BT47 6TG

Name .....

Address .....  
.....  
.....  
.....

Refund of .....  
(Specify Class)

Reason .....  
.....  
.....

Amount .....

Receipt Number ..... Cancelled by .....

Note: The receipt duplicate must be marked CANCELLED in the duplicate book before claim can be submitted.

Agreed by ..... Name.....Date .....

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Office Use Only

Payment Authorised by ..... Date .....

Cheque signed by ..... Cheque Number .....

Amount Paid £ .....