May newsletter

**SOUTH YORKSHIRE FEDERATION OF WIs**

**SHEFFIELD BOTANICAL GARDENS**

Wednesday 17 July 2024

Clarkehouse Road, Broomhall, Sheffield S10 2LN

WI .. . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . DATE **.** . . . ………... . . . . . . . . . . . . .

Please indicate below which tour your members would prefer to attend. We will endeavour to give you your 1st choice but this is not guaranteed.

Meeting at the gardens at 10.45 am for the 11 am tour 🞎

Meeting at the gardens at 12.45 pm for the 1 pm tour 🞎

@ £7 per person **.** . . . . . . . . . . …….. AMOUNT ENCLOSED ………………………….

**PAID** BY CHEQUE 🞎 BY BACS 🞎

**Name & telephone number of one contact person .** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**NO TICKETS WILL BE ISSUED**

**PLEASE INDICATE BELOW THE NAMES OF ALL THOSE ATTENDING**

NAME ................................................................................. NAME .........................................................

NAME ................................................................................. NAME .........................................................

NAME ................................................................................. NAME .........................................................

NAME ................................................................................. NAME .........................................................

NAME ................................................................................. NAME .........................................................

NAME ................................................................................. NAME .........................................................

Please continue overleaf if required.

Cheque payable to ‘SYFWI’ or by BACS

CAF Bank

South Yorkshire Federation of Women's Institutes

Account No:  00014286 Sort Code:  40-52-40

Can you write ‘Bot G’ and the name of your WI in the reference so that we know what the payment is for please.

If paying by BACS this form **MUST** be completed and either posted to Hall Cross Cottage, 5 Albion Place, South Parade, Doncaster DN1 2EG or emailed to southyorksfed@gmail.com

Please return to the office by **25 June 2024**

✂……………….......................................................................................…………………………………

TREASURER’S COPY - to be retained by the WI Treasurer

EVENT ………………………………......... NO. OF PLACES ……….. COST EACH ……………..

TOTAL SENT ………………….............. CHEQUE NO …………………… DATE ………………