Learning Disability Champion Pledge

Name .....

As a Learning Disability Champion I pledge to

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.....

Signature ..... Date .....

The Paul Ridd Foundation

"Supporting people with a Learning Disability to access equal healthcare."

Paul Ridd Foundation

Please share your pledge with us by emailing: info@paulriddfoundation.org
Follow our work on Facebook or visit our website: www.paulriddfoundation.org

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