** Donations**

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of donation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cash/BACS/credit or debit card

*Please say which*

To donate by BACS: Please credit HSBC Bank sort code: 40-10-02 Account Number 72374463

**Do you pay tax? If so, we can claim gift Aid on your donation.**

**Please fill in your details below.**

# Gift Aid Declaration

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

I wish to Gift Aid **my donation/any future donations** to the Beds and Northants MS Therapy Centre

Please let us know if you cease to pay tax equal to your donation, if you change your name or address, or wish to cancel this declaration.

House number or name

Signature

Postcode

# Set up a regular donation

# To the manager:

# Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name on Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Sort Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please debit my account monthly by the sum of £40/£50/£60 or other**

Please credit HSBC Bank sort code: 40-10-02 Account Number 72374463

Commencement date until further notice

Signed

Dated