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## DONATION FORM

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### DONOR DETAILS

Full name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Signature \_\_\_\_\_

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I/we wish to support Walsingham Care by making a donation as follows:

#### OPTION 1

A single donation of £ \_\_\_\_\_ : \_\_\_\_\_ I enclose a cheque made payable to Walsingham Care

#### OPTION 2

A regular payment of £ \_\_\_\_\_ :

I have completed the Standing Order form overleaf OR

I will arrange the Standing Order myself

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**Make your gift worth even more, with costing you a penny.**

**Do you pay tax? If so, by simply completing this form the tax office will give us 25p for every £1 you donate.**

*giftaid it*

I am a UK tax payer and I would like Walsingham Care to treat all donations I make or have made for the past four years as Gift Aid donations until I notify you otherwise.

I understand that I must have paid or will pay an amount of Income Tax and/or Capital Gains Tax in each tax year, that is at least equal to the tax that Charities & Community Amateur Sports Clubs (CASCs) I donate to will reclaim on my gifts. I understand that other taxes such as VAT and Council Tax do not qualify and that Walsingham Care will reclaim 25p of tax on every £1 that I give.

Full name \_\_\_\_\_

Date \_\_\_\_\_

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**Please return your completed form(s) to:**

Walsingham Care, 2 Quintet Buildings, Churchfield Road, Walton On Thames, Surrey KT12 2TZ



# New Standing Order Instruction

Please complete this form in BLOCK CAPITALS and in black ink

To \_\_\_\_\_ Bank \_\_\_\_\_

Please set up the following Standing Order and debit my/our account accordingly

## 1. Account details

Account name \_\_\_\_\_ Account number

Account holding branch \_\_\_\_\_ Sort code

## 2. Payee details

Name of the person or organisation you are paying

Payment reference (if known) – this will appear on the bank statement of the person or organisation you wish to pay

Sort code – the bank code of the person or organisation you are paying

Account number – the account number of the person or organisation you wish to pay (Eight digits – if less place zeros at the front)

## 3. About the payment

How often are the payments to be made

Weekly  Two weekly  Four weekly  Monthly

Quarterly  Half yearly  Yearly

### Amount details

Date and amount of first payment (please allow 3 working days for receipt)  £

Date and amount of ongoing payments (if different from the first payment)  £

Choose one of the following two options

1. Date and amount of final payment  £

2. Until further notice  (payments will be made until you cancel this instruction)

## 4. Confirmation

Customer signature(s)

Date