



Registered as a Charity in the UK. No 1054033

STANDING ORDER/DONATION FORM

Yes! I want to help CdLS make a difference to those in need.

MY DETAILS

Please complete your details

Title	Mr	Mrs	Miss	Ms	Other _____
First Name				Surname	
Address					
Post Code					
Telephone					
E-mail					

Gift Aid your donation

giftaid it

Gift Aid means that for every £1 you give, we get an extra 28 pence from Inland Revenue, helping your donation go further. This means that £10 can be turned into £12.80 just as long as donations are made through Gift Aid. If you want your donation to go further, please tick the box below. Thank you.

Yes! I am a UK tax payer and would like CdLS to claim back tax on all donations I have made this year and the six tax years prior to the year of this declaration, and on any future donations I make.

*To qualify for Gift Aid the amount of income/capital gains tax you pay has to be at least equal to the amount CdLS will claim in the tax year.

BANKER'S ORDER FORM

To make a regular gift through your bank account simply complete and sign this form.

Name and full postal address of your Bank or Building Society

To the Manager					
Branch and Address					
Name(s) of Account Holder(s)					
Bank/Building Society Account Number					
Branch Sort Code			-		

Please debit my account with the sum of:

£5 £10 £15 £20 my preferred amount of: £
(whatever you give will be greatly valued)

On ____ day ____ month ____ year (please allow 1 month from today) and thereafter monthly / quarterly/ annually (delete as appropriate) until further notice.

To be paid to the CdLS Foundation UK & Ireland account with Lloyds Bank PLC, Ellesmere Port. Sort Code: 30-12-96, Account No. 00259299.

Signature				Date		/		/	
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DONATION FORM

To donate please complete and sign this form.

I am enclosing a gift of £

I enclose a CHEQUE (payable to CdLS Foundation UK & Ireland)

Please debit my:
VISA / MASTERCARD / Charity Card / SWITCH / OTHER (please specify): _____

Card No:

Expires:
(mm/yy)

Card Security Code:(digits printed on or by signature strip)

Debit card Start date:
(mm/yy)

Debit card Issue number:

Signature _____

Date ____ / ____ / ____

Reference No:..... (For office use)

Please return the completed and signed form to:

CdLS Foundation UK & Ireland, The Gatehouse, 104 Lodge Lane, Grays, Essex RM16 2UL.