

CROSSWAYS DONATION FORM

Personal Details

Title Name

Address

Post Code

(Optional) National Insurance Number (if known)

Gift Aid Declaration

I want the Crossways Community to treat:

*the enclosed donation of £ _____ or donations given by Standing Order as a Gift Aid donation(s).

*all donations I have made since April 2010 until I notify you otherwise, as Gift Aid Donations. my donation(s) for the purpose of supporting the [*Mental Health Awareness]/[*General work of Crossways] [*Other.....*] and that any money not used for this purpose may be used as felt most appropriate by Crossways. **delete as appropriate*

Remember you must pay an amount of income tax and/or capital gains tax in the year in which you give equal to the tax we reclaim on your donations. This is currently 25p for each £1 you give. Please notify us as soon as possible if your circumstances change.

Signature Date

Standing Order

Name of Account Holder

Bank Name

Bank Address

Please deduct £ _____ (amount in words)

Sort Code - - Account Number

Please credit **Crossways Community** CAF Bank Ltd Account: **00087997** Sort Code **40—52—40**

From my account on _____ / _____ / _____ and every *Month/*Quarter/*Year until further notice

Signature Date