Eugene Halliday Society

Donation Form

Title		First Name		Surname	
Address					
Town		County		Post Code	

Please complete payment method (A) or (B)

(A) I wish to make a single donation

BY CREDIT/DEBIT CARD – I authorise you to debit my account with the amount £.....

***Card Type** – Delete as appropriate: Visa / Mastercard / Delta / Maestro / Debit

Name on Card:

Card No: | | | | | - | | | | | - | | | | | - | | | | |

Start date: | **End date:** | **Card Issue No :** |

Security Code: (last 3 digits on reverse)

(B) I wish to make a regular donation of £.....

Monthly/Quarterly/Half-yearly/Annually Commencing ..... / ..... / 20....

Please complete the Direct Debit mandate below

GIFT AID DECLARATION

I am a UK tax payer and would like the charity to treat all donations I have made for the four years prior to this tax year and all donations I make from the date of this declaration until I notify you otherwise to be tax effective under the Gift Aid Scheme.

Higher rate tax payers can claim further tax relief in their Self Assessment return.

Signature.....

Print Name.....

Date.....

Please remember to notify us if your circumstances change. You must pay UK Income Tax and/or Capital Gains Tax at least equal to the tax the charity reclaims on your donation in the tax year.

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Instruction to your Bank or Building Society to pay by Direct Debit - Please pay CAF Re **Eugene Halliday Society** Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain within CAF Re **Eugene Halliday Society** and, if so, details will be passed electronically to my Bank/Building Society.

Banks and Building Societies may not accept Direct Debit instructions on some types of accounts

Name and full postal address of your Bank/Building Society:

To: The Manager .....

Address:.....

.....

.....

..... Post Code:.....

Name(s) of Account Holder:

Account Number: | | | | | | | | | Branch Sort Code: | | | – | | | – | | |

Service User Number

6	9	9	2	5	9

CAF, Kings Hill, West Malling, Kent ME19 4TA

Charity Ref: FS2844

Membership No:

Signature(s): Date:

Please send this completed instruction to: The Membership Secretary, 5 Briony Ave, Hale, Altrincham, Cheshire WA15 8PY. Tel: 07580 782 052

Please make cheques payable to:- **Eugene Halliday Society**

Data Protection Act 1998: Eugene Halliday Society holds any details you give us for administrative/membership purposes and for supplying you with news and information **only**. We never supply your information to any third party except for Direct Debit payments. Please contact us to update or view your information.

This guarantee should be detached and retained by the payer

Direct Debit Guarantee

- This guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit, CAF re **Eugene Halliday Society** will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request CAF Re **Eugene Halliday Society** to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by CAF re **Eugene Halliday Society** or your Bank or Building Society, you are entitled to a full and immediate refund of the amount paid from your Bank or Building Society – if you receive a refund you are not entitled to, you must pay it back when CAF re **Eugene Halliday Society** asks you to.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Written confirmation may be required. Please also send a copy of your letter to us.