

REGULAR DONATION FORM



As a local, independent charity we rely on donations from the public to continue the good work that we do.

If you feel you are able to donate £7 a month to us (or whatever you can afford), the money would allow us to support even more people with sight loss in Worcestershire.

Please complete this form and return it to:-

Sight Concern Worcestershire
The Bradbury Centre
2 Sansome Walk
Worcester, WR1 1LH

Yes I would like to donate £7.00 or £_____ per month
(Please complete standing order below)

I am currently unable to make a regular donation but please accept my
One-off gift of £_____ (Donation enclosed)

Gift Aid Declaration (Please complete if appropriate).

I would like Sight Concern Worcestershire to claim back tax on all donations I make until further notice. I am a UK Taxpayer and understand that I must pay an amount of income/capital gains tax equal to the amount Sight Concern Worcestershire reclaims on my donations in a tax year. Currently 25p for every £1 donated.

Please tick the box to show that you agree to the declaration.

Title..... Forename..... Surname.....

Address.....

..... Post Code.....

Telephone..... E-mail.....

Bank Standing Order form
(Please enter your bank details in block capitals)

Pay donation from:

Bank Name

Bank Address.....

.....

Post Code.....

Account Name.....

Account Number

Sort Code

Monthly donation £..... until further notice starting from / / .

Date

Signature.....

Pay donation to:

CAF BANK

Account Number: 00013206

Sort Code: 40-52-40

Our Reference:

All information you provide is protected by the Data Protection Act and will not be shared with any other organisation. You have the right to advise us at any time if you do not wish to receive future mailings from Sight Concern Worcestershire.