MALVERN Special Families

You can support Malvern Special Families with a one-off donation or regular gift.

DONATIONS

Title ……..Initial(s)…….Surname……..

Home address……..

Postcode…… Telephone……

Email ……

Gift Aid it

I want the charity to treat all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

Please note that you must pay an amount of Income Tax and /or Capital Gains Tax at least equal to the tax that Malvern Special Families claims on your donations in the appropriate tax year (currently we will receive 25p for every £1 you give).

Signature ……

Date ……

Malvern Special Families will not pass your details to other organisations but does hold and use data you have supplied for administrative purposes and to keep you informed of fundraising activities and our work. If you prefer not to receive this information, please tick here: ☐

Most individual cash donations from UK taxpayers will qualify for Gift Aid. By completing your full details in the donation box and ticking, signing and dating the declaration box you will be increasing the value of your gift to Malvern Special Families at no extra cost to you. Please notify us if you change your address.
You can cancel your declaration at any time by letting us know, particularly if your circumstances change and you no longer pay tax at least equal to the tax the charity will reclaim from Her Majesty's Revenue and Customs.

CHEQUE/POSTAL DETAILS

I enclose a cheque/postal order made payable to *'Malvern Special Families'* for:

£ ……

BANKERS ORDER FORM (FOR MAKING REGULAR DONATIONS)

Name of your Bank/Building Society: ……

Full address of your Bank/Building Society: ……

……

Postcode: ……

Account holder's name: ……

Sort code …… - ……. - ……..

Account No. ……

Please make payment for ……. years, or until further notice. Please debit my account with the following payment:

Amount: £ ……

Frequency (How often you wish payment to be made):

Yearly ☐ Quarterly ☐ Monthly ☐

Date of first payment: ……

Name……

Address ……

Postcode……Telephone……

Signature ……Date……

PAYMENT TO BE MADE PAYABLE TO:
Bank: HSBC
Sort code: 40-31-09
Account No.: 91861662

PLEASE RETURN THIS FORM TO:
Malvern Special Families,
First Floor offices, 73 Church Street,
Malvern, Worcestershire, WR14 2AE.

Thank you for your support