Regular Support Bankers Order and Gift Aid Form

Please complete this form using block capitals and then return it to:

Sight Life, Jones Court, Womanby Street, Cardiff, CF10 1BR.

Thank you for your support.

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| Full Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode\_\_\_\_\_\_\_\_\_\_\_\_  Daytime Tel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Evening Tel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | I/we would like to support Sight Life  by making regular donations of £\_\_\_\_\_\_\_\_\_ every month/quarter/year. *(delete as appropriate)*  Or  I/we would like to support Sight life by donating £\_\_\_\_\_\_\_\_\_  If you are taxpayer/s, please enable us to claim the tax back on your donations by signing the Gift Aid Declaration below.  From time to time we may wish to send you information about our work, fundraising events or appeals. If you do not wish to receive this information please tick box |

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| GIFT AID DECLARATIONFull Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I am a UK Taxpayer and I would like Sight Life to reclaim tax on all donations I have made in the last four years and on any donations I may make in the future. Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please let us know if you change your address or if you no longer pay an amount of income tax or capital gains tax equal to the tax we reclaim on your donations (currently 25p for every £1 you give). |

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| Bankers Standing Order Mandate | |
| **TO:** *(Name & Address of your bank)   \_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Account\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sort Code Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ | Please debit our account with £\_\_\_\_\_\_\_ *(amount   in words)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Immediately, and then each month/quarter/year,for the credit of Lloyds Bank, City Road Branch, Sort Code  30-92-07, Account in the name of Sight Life, Account number 00024741 until further notice from me/us in writing.  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bankers, please quote the reference \_\_\_\_\_\_\_\_\_\_  (to be completed by Sight life) |

Sight Life, Jones Court, Womanby Street, Cardiff, CF10 1BR

Registered Charity Number 214131