

I would like to make a regular gift on the 1st /15th (please delete as appropriate) of each month* by Direct Debit of £ _____

Please allow at least 21 days for processing

* If you would prefer your donations to be paid quarterly or annually, please indicate frequency _____ and start month _____

Title _____ Forename _____ Surname _____

Home Address _____ Postcode _____

Telephone _____ Email _____

Gift Aid Please treat as Gift Aid all qualifying donations to CARE for the last 4 years and all donations I make until further notice. *

I am a UK taxpayer and understand that if I pay less Income Tax and/or capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

* If you have **not** been a taxpayer for the last 4 years or would like to restrict the period covered by this declaration, please specify the period covered. Optional start date [/ /] Optional end date [/ /]

Signature _____ Date ____/____/____

Please notify us if you want to cancel this declaration / no longer pay sufficient tax; please also notify any change to your name or address.

I do not pay sufficient tax for Gift Aid If you are new to CARE, please tick here if you do not want to receive mailings from us



Instruction to your bank or building society to pay by Direct Debit



Please fill in the whole form and return it to CARE, Freepost (WD 1079), London, SW1P 3YZ

Name(s) of Account holders _____

Service User Number

2	5	0	7	3	5
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Name and full postal address of your Bank or Building Society

Reference No. (for office use only)

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To: The Manager _____

Address _____

Instruction to your bank or building society

Please pay CARE Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand this Instruction may remain with CARE and, and, if so, details will be passed electronically to my Bank/Building Society

Post Code _____

Branch Sort Code

Bank/Building Society account number

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Signature(s) _____ Date ____/____/____

Banks and Building Societies may not accept Direct Debit Instructions from some types of account.

-----This guarantee should be detached and retained by the payer-----

The 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 CARE will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request CARE 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 CARE 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 CARE asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.