

Title _____ Forename(s) _____ Surname: _____

Address _____

Post code _____

Please complete payment method A or B

(A) I WISH TO MAKE A SINGLE DONATION

BY CHEQUE and enclose a cheque for the sum of £ _____

or

BY CREDIT CARD and I authorise you to debit my account with the amount £ _____

Card type MASTERCARD / VISA / DELTA / SWITCH

Cardholders Name _____

Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Start Date _____ Expiry Date _____ Switch Card Issue No. _____

Signature _____

(B) I WISH TO MAKE A REGULAR DONATION OF £ _____ monthly / quarterly / annually

Commencing 200

Please complete mandate opposite
Please complete this section if you are a UK taxpayer

Instruction to your Bank or Building Society to pay by Direct Debit.

Please send this completed Instruction to:

Originator's Identification Number

CAF, 25 KINGS HILL
AVENUE, KINGS HILL
WEST MALLING, KENT,
ME19 4TA

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CAF Ref No.:07676-07

Charity Services
Charities Aid Foundation
Kings Hill, West Malling, Kent, ME19 4TA

Name(s) and address of account holder(s)

Mr/Mrs/Miss/Ms _____
Address _____
Postcode _____

Bank/Building Society account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Branch Sort Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name and full postal address of your Bank/Building Society

To: The Manager _____
Address _____
Postcode _____

FOR CAF OFFICIAL USE ONLY - This is not part of the Instruction to your Bank/Building Society

Date of first payment on or after:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	0	0	<input type="text"/>
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Instruction to your Bank or Building Society

Please pay CAF Re **The Pavement** 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 with CAF Re **The Pavement** if so, it will be passed electronically to my Bank/Building Society.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Banks and Building Societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the Payer



GIFT AID DECLARATION

I am a UK tax payer and I wish 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 tax return

Signature.....

Print Name..... Date

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

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, CAF Re **The Pavement** will notify you at least 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by CAF Re **The Pavement** your bank or building society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your bank or building society. Please also send a copy of your letter to CAF, Fundraising Support, 25 Kings Hill Ave, Kings Hill, West Malling, Kent, ME19 4TA.