



Alabaré Christian Care Centres

I would like to make a.....

one-off donation

.....to Alabaré Christian Care Centres

Thank you for making a donation to Alabaré. Please print out this form, complete and return with your donation to **Alabaré Christian Care Centres, FREEPOST (SCE 9703), SALISBURY, SP1 2YZ**

(If you are unable to print this form for any reason, please contact us on 01722 322882 and we will happily post one to you).

Personal Details		
Title	Initial	Surname
Address		
		Postcode
Tel No	Email	

Methods of donation	
<input type="checkbox"/>	I enclose my cheque donation made payable to Alabaré Christian Care Centres
<input type="checkbox"/>	Please debit my Visa/Mastercard/Switch/CAF Card account by Amount £
Card No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Expiry Date	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> Issue No (Switch Only) <input type="checkbox"/> <input type="checkbox"/> 3 digit security code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Signed	Date

From time to time Alabaré Christian Care Centres, or other carefully selected organisations or charities, may contact you with news of events and special offers. If you would prefer not to be included, please tick the relevant box(es)

Alabaré Christian Care Centres Other carefully selected organisations/charities

<i>giftaid it</i>	Please treat all donations I have made to Alabaré Christian Care Centres in the six years prior to this year, (but no earlier than 06/04/2000) and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations. To qualify for Gift Aid, what you pay in income or capital gains tax must equal the amount we claim in the tax year (currently 25p for each £1 you give).
	Signed _____ Date _____
<ul style="list-style-type: none"> You can cancel this declaration at any time by notifying Alabaré Christian Care Centres in writing Remember to notify us if you no longer pay an amount of income and/or capital gains tax equal to the tax we reclaim Please notify us if you change your name or address If you pay tax at the higher rate you can claim higher rate tax relief on your Self Assessment tax return For more information on Gift Aid tax relief, please call 0845 602 0203 	