



Donation Form

Thank you for making a donation to Alabaré Christian Care and Support. Please return the form below with your donation to:

Alabaré Christian Care & Support
FREEPOST (SCE 9703)
SALISBURY
SP1 2YZ

Alabaré Christian Care & Support

| | | |
|--------------------------|------------|---------|
| Personal Details: | | |
| Title | First Name | Surname |
| Address | | |
| | | |
| Postcode | | |
| | | |
| Tel. No. | Email | |

| | | |
|---|-----------------|--------|
| Regular donation by Standing Order | | |
| To the Manager (Bank/Building Society Name) | | |
| Bank/Building Society Address | | |
| Postcode | | |
| Name of Account Holder(s) | | |
| Account Number | □ □ □ □ □ □ □ □ | |
| Sort Code | □ □ - □ □ - □ □ | |
| Please pay the Royal Bank of Scotland (16-31-12), Salisbury Branch, 14 Minster Street, Salisbury SP1 1TP, to the credit of Alabaré Christian Care Centres (a/c 11119999), the sum of: | | |
| £(figures) | (words) | |
| Starting on (day) | (month) | (year) |
| And the same amount on the same day each month/quarter/year* until further notice (*delete as appropriate) | | |
| Signed | Date | |
| Please return your completed Bank Standing Order Form to Alabaré at the above address. DO NOT SEND TO YOUR BANK. | | |

| | | |
|---|-------------|------------------------|
| Other 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/ Maestro/ CAF Card account by | | |
| Card No | Amount | £ |
| □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | | |
| Start Date | Expiry Date | Issue No (Switch only) |
| □ □ / □ □ | □ □ / □ □ | □ □ □ |
| 3 digit security code | | □ □ □ |
| Signed | Date | |

From time to time Alabaré Christian Care & Support, 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 & Support

Other carefully selected organisations/charities

| | |
|---|---|
| <i>giftaid it</i> | Please treat all my donations to Alabaré Christian Care & Support, in the four years prior to this year, and from the declaration date until I notify you otherwise, as Gift Aid donations. I understand that I must pay an amount of income and/or capital gains tax at least equal to the tax that Alabaré reclaims (currently 25p for every £1 donation). |
| Signed | Date |
| <ul style="list-style-type: none"> You can cancel this declaration at any time by notifying Alabaré Christian Care & Support 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 302 0203 | |