Charity Name: **Haiti Hospital Appeal**

Charity Ref: **7738-04**

Title……..Forename(s).....Surname.....

Address……..

……...Postcode……

Please complete payment method A or B

(A) I WISH TO MAKE A SINGLE DONATION

BY CREDIT / DEBIT CARD
I authorise you to debit my account with the amount £……..

Card type MASTERCARD / VISA / DELTA / SWITCH / MAESTRO

Cardholder's name……

Card number

Start date…… Expiry date……

Switch card issue no…… Security number……

Signature…… Date……

(B) I WISH TO MAKE A REGULAR DONATION OF £……..
monthly / quarterly / half yearly / annually Commencing……200…..
Please complete mandate opposite

Please complete this section if you are a UK taxpayer

giftaid it

GIFT AID DECLARATION

I am a UK tax payer and 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 return.

Signature ……

Print name ……Date……..

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

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

DIRECT Debit

Please send this completed Instruction to:

Fundraising Support
Charities Aid Foundation
Kings Hill
West Malling
Kent, ME19 4TA

Service User Number

6	9	3	0	0	8

CAF Ref No: 7738-04

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

FOR CAF OFFICIAL USE ONLY – This is not part of the instruction to your Bank/Building Society
Date of first payment on or after:
□□ - □□ - □□□□

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

Mr/Mrs/Miss/Ms ……

Address……

……

……Postcode……

Bank/Building Society account number

Branch Sort Code

Name and full postal address of your Bank/Building Society

To: The Manager

Address……..

……

……Postcode……..

Instruction to your Bank or Building Society
Please pay CAF Re Haiti Hospital Appeal 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 within CAF Re Haiti Hospital Appeal and if so, details will be passed electronically to my Bank/Building Society.

Signature……..

Date □□ - □□ - □□□□

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

The Direct Debit Guarantee

DIRECT Debit

- 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 Haiti Hospital Appeal will notify you ten working days in advance of your account being debited or as otherwise agreed.
- If an error is made by CAF Re Haiti Hospital Appeal or 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 us.