

REGULAR DONATION FORM

I would like to make a regular donation to Essex Blind Charity.

Please complete your details:

Name

Address

Postcode: Telephone

Standing Order Request

To The Manager, (name of bank)

Bank Address:

.....

Bank Sort Code: Account No.

Please pay to National Westminster Bank, 4-5 High Street, Chelmsford, Essex, CM1 1FZ, Sort Code: 60-05-13 Account 17565448

£ (amount in words)

£ on the(day) of (month) of 20... and thereafter on the same day each month/quarter/year (delete as applicable) until otherwise notified.

Signature Address:

Essex Blind Charity will forward these details on your behalf.

Gift Aid Declaration

Taxpayers please sign here to make your gift worth almost a third extra.

I declare all donations I make on or after this date to be Gift Aid Donations. I confirm that I am a UK taxpayer and the amount of tax I pay exceeds that amount I would like Essex Blind Charity to claim.

Signature Date:

Name: Address:

..... Postcode:

Please complete and return this form to:

Essex Blind Charity, Read House, 23 The Esplanade, Frinton-on-Sea, Essex. CO13 9AU

THANK YOU!