

Donation Form

Please complete your details below.

Mr/Mrs/Miss/Ms First Name Surname

Address Postcode

I would like to make a one off gift. Please complete the payment details below.

Here is my gift of: £

(By Cheque/Postal Order/CAF Voucher (to St Francis Leprosy Guild)

(Visa/MasterCard/Amex/Maestro *(delete as appropriate)*

Issue no. (Maestro only)

Card no.

Expiry date / Issue date / Security code (3 digits on the back of your card, 4 on front of Amex)

Name on card Date / /

Or you could make a regular gift. Please complete the Bankers Order details below.

Please pay St Francis Leprosy Guild (account 00007097 sort code 40-52-40) at CAF Bank, Kings Hill,

West Malling ME19 4TA the sum of £ Monthly Quarterly Yearly (please tick)

Starting on / / until further notice

Your Bank: _____
Bank Address: _____

Postcode: _____

Branch sort code: - -

Your Name: _____
Your Address: _____

Postcode: _____

Your Bank / Building Society account number

Make your donation worth 25% more, at no extra cost.

Please tick the Gift Aid box.

I want to Gift Aid this donation and any I make in the future or have made in the past 4 years to St Francis Leprosy Guild. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

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We will never pass on your details to any other organisation and will treat them with respect.

We will use the personal information you have provided to process your donation and to contact you by post with news of our work. If you would prefer not to receive further communications please tick this box call us on **07754 592240** to let us know which communications you would like to receive. To read more about how we value your privacy, visit www.stfrancisleprosy.org

Please fill in the appropriate section(s) of this form and send it to:

Administrator, St Francis Leprosy Guild, 73 St Charles Square, London W10 6EJ

THANK YOU!