MAKE A DONATION



YOUR DETAILS		
Title:First Name: _	Surname:	
Address:		
E-Mail:	Tel (Day):	Mobile:
ARE YOU IN? JOIN US	S!	
We would love to keep you upo ways to get involved.	dated with details of our amazing wor	k, fundraising activities and
fulfil a contractual or legal oblights Privacy Notice on our website for sell your personal information be act on our behalf. If you would communications from us, please write to Longfield, Burleigh Land Please tick the boxes if you would be actions of the contraction of the con	I marketing purposes if we have a legiting gation or if you have given us opt-in corfor further information. Longfield and its out may need to share your details with like to change your preferences or opt of e call 01453 886868 , email supporterate, Minchinhampton, GL5 2PQ ould like us to contact you in the follow By Telephone By SMS	nsent to do so. Please see our subsidiary companies will no third parties authorised to but of receiving all future admin@longfield.org.uk or wing ways:
	RTH EVEN MORE AT NO EXTR	RA giftaidit
COST TO YOU		<i>J</i> .
Do you pay tax? If so, you can given.	n boost the value of your gift by 25p for	every £1 you have already
_ ~		
my donation of the amount s the past 4 years to Longfield and/or Capital Gains Tax than	axpayer and would like to sign up for a stated above and any donations I make . I am a UK taxpayer and understand th n the amount of Gift Aid claimed on all any difference. If my status as a taxpay	e in the future or have made in nat, if I pay less Income Tax my donations in that tax yean
my donation of the amount s the past 4 years to Longfield and/or Capital Gains Tax than it is my responsibility to pay o	stated above and any donations I make . I am a UK taxpayer and understand th n the amount of Gift Aid claimed on all any difference. If my status as a taxpay	e in the future or have made in nat, if I pay less Income Tax my donations in that tax year

MAKE A DONATION



Date: ____/___/

life-limiting illness MAKE A DIFFERENCE, MAKE A DONATION I would like to make a one-off donation of _____ I am donating to Longfield because: I enclose a cheque / postal order / CAF voucher (delete as applicable) to Longfield OR I would like to pay by card, here are my card details: Card Type (please tick) Maestro Delta MasterCard Visa Card Number (Maestro Only) Security Code From: Date: Signature: Date: ____/___/ MAKE A REGULAR GIFT I would like to make a regular gift each month / quarter / year (delete as applicable) of: £15 £5 | | £10 £20 Other £..... Starting \square as soon as possible OR on the 1st / 15th* of _____month _____ year *please delete as applicable Account Name (as shown on your card/bank statement) Bank/Building Society Account Number: Sort Code: To The Manager, Name of banks / building society: Branch Address: Postcode: Please note that banks and building societies may nor accept direct debit instructions for some types of accounts. INSTRUCTION TO YOUR BANK/BUILDING SOCIETY TO PAY BY DIRECT DEBIT Please pay Longfield 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 with Longfield and

Registered Charity No 298627

if so, details will be passed electronically to my bank/building society.

Signature: _____