

DONATION FORM Return this form with your donation

Name

Address

Email

Telephone

Date

I am a UK taxpayer and wish The Aid Fund to treat all donations I make as Gift Aid Donations, now and until further notice.

I have paid or will pay an amount of UK Income Tax and/or Capital Gains Tax for each tax year at least equal to the amount of tax that all charities or community amateur sports clubs that I donate to will claim on my gifts for that tax year. I understand that other taxes such as VAT or council tax do not qualify.

I am not a UK taxpayer.

I would like a receipt for my donation.

Signature(s) _____

I enclose a donation
by cheque for:



POST TO:

The Aid Fund for Christian Scientists in need of Nursing Care
PO Box 98
COCKERMOUTH
UK CA13 3BL

Please notify the Aid Fund if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains

Our Privacy Policy is included on our website at csaidfund.org.uk or can be provided on request.

The Aid Fund for Christian Scientists in Need of Nursing Care

Trustees: Edwin de Leon, Antoinette Glynn, Robin Harragin Hussey (Chair), Valerie Malley, Audrey Sentinella, John Wilson

SECRETARY: Annabel Bound

EMAIL: theaidfund@gmail.com

POSTAL ADDRESS: P O Box 98, COCKERMOUTH CA13 3BL

WEBSITE: csaidfund.org.uk

TELEPHONE: 07910 339 726

Registered Charity Number 277849

Not yet donating by automatic payment and would like to?

Make life simpler - never write us a cheque & pay for postage again: return the form below to us.

BANKER'S ORDER Instruction to your bank or building society to pay by banker's order

Bank Name

Bank Address

Exact name(s) of
account folder(s)

Branch sort code

Account number

Please debit my account with the payments shown and pay to: CAF Bank, 25 Kings Hill Avenue, West Malling, Kent ME19 4TA, "The Aid Fund for Christian Scientists in Need of Nursing Care", Sort Code 40-52-40, Acct. 00017909

Please pay £10 £15 £25 £50 £100 Other £

Each month quarter year starting on (date)

Signature(s) _____

Return this form to us, NOT your bank.

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