DONATION FORM

Charity Name: The Esther Benjamins Trust

Charity Ref: FS1108

Title……Forename(s)……Surname……

Address……

……

Postcode…… Telephone ……

e-mail address ……

Please complete payment method

I WISH TO MAKE A SINGLE DONATION

BY CHEQUE and enclose a cheque for the sum of £……

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 code…… Signature……

*We are charged 5.5% on credit and debit card donations. If you wish for us to receive 100% of your donation, please pay by cheque.

I WISH TO MAKE A REGULAR DONATION OF £ ……

monthly / quarterly / half yearly / annually Commencing: (dd)…… (mm)…… 200……

(please allow 4 working weeks from date of signature)

Please complete the mandate opposite

Lasting gifts Please send me information on how I can remember the work of EBT in my Will ☐

Challenges Please send me information about taking part in future challenge and events ☐

We would like to thank you for your gift. If you would rather we didn't please tick here ☐

Please send me newsletters by email ☐ Please remove me from your mailing list ☐

The Esther Benjamins Trust, registered charity 1078187

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

DIRECT Debit

Please send this completed Instruction to:

The Esther Benjamins Trust
Third Floor
2 Cloth Court
London
EC1A 7LS

Originator's Identification Number

6	8	5	3	0	3

CAF Ref No: FS1108

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)

Dr/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 The Esther Benjamins Trust 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 The Esther Benjamins Trust 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

On receipt of your Direct Debit instruction we will send you your Direct Debit Guarantee

Please complete this section if you are a UK taxpayer so that your donation can go up to 28% further:

GIFT AID DECLARATION

giftaid it

I am a UK tax payer and I would like The Esther Benjamins Trust to reclaim the tax on all donations I have made for the four years prior to this year and any donations I make from the date of this declaration until I notify you otherwise. I confirm I pay as much income or capital gains tax as The Esther Benjamins Trust will reclaim in the tax year (from 6th April 2011 that works out at 25p for every £1 donated).

Print name ……

Signature……Date……

If you are unsure whether you have made a Gift Aid declaration previously and are eligible to do so, please sign this statement. **Higher rate tax payers can claim further tax relief in their Self Assessment return.** Please advise us if your circumstances change.