

# 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 A or B**

## (A) 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.....

## (B) 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)

**I would like this money to be allocated to:**

- General sponsorship       Education sponsorship   
Recreation sponsorship       Unrestricted

**Please complete mandate opposite**

**Donations can also be made by direct transfer to our bank or by credit or debit card over the phone. Please visit our website or contact us on 020 7600 5654 for further details.**

[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 remove me from your mailing list

## Instruction to your Bank or Building Society to pay 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

### 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.....

**FOR CAF OFFICIAL USE ONLY** – This is not part of the instruction to your Bank/Building Society

Date of first payment on or after:

-  -

### 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 will be worth almost a third more:

## 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 six years prior to this year and/ or 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 (currently 28p for every £1 you donate)

Print Name .....

Signature.....Date.....

It is more cost-effective for us to include this declaration on all donation forms. 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.**