

# My regular donation to The Sick Children's Trust



To make a regular donation, please complete both sides of this form. Your gift will make a real difference to the lives of sick children and their families, helping to alleviate some of the emotional and financial strains at a very stressful time in their lives.

1 Name (Mr/Mrs/Miss/Ms)

Address

Postcode

Tel/Mobile

Email

We would also like to keep in touch you with regular updates about the work of The Sick Children's Trust. If you would **not** like to receive such information, please tick this box

The Sick Children's Trust will never share your details with any third party organisations.

2 I/We wish to make a monthly/annual (delete as applicable) gift of:

£5  £10  £25  Other £

3 I would like the first payment to be taken from my account on:

6th  22nd  \_\_\_\_\_ month (please make the start date at least one month from today)

4 Gift Aid it and help us raise even more money! If you are a UK taxpayer we can claim 25p from the Government for every £1 you donate at no cost to you.

*giftaid it*  I want this donation and all donations I've made over the past four financial years and all future donations to be treated as Gift Aid until I notify you otherwise (we need your full home address including postcode to make this claim). I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for the current tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for the current tax year. I understand that other taxes such as VAT and Council Tax do not qualify.

5 Please turn over and complete the Direct Debit Instruction

£28 would provide a family with a room in one of our 'Homes from Home' for one night.



## Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:  
The Sick Children's Trust, 88 Leadenhall Street, London EC3A 3BP

Name(s) of account holder(s)


Service user number

9	1	2	9	7	0
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Bank/building society account number

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Branch sort code

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Name and full postal address of your bank or building society

To: The Manager	Bank/Building Society
Address:	
Postcode:	

Reference

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### Instruction to your bank or building society

Please pay The Sick Children's 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 with The Sick Children's Trust and, if so, details will be passed electronically to my bank/building society.

Signature(s)	
Date	

Banks and building societies may not accept Direct Debit Instructions for some types of account

### The Direct Debit Guarantee (this guarantee should be detached and retained by the payer)

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit The Sick Children's Trust will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request The Sick Children's Trust to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by The Sick Children's Trust or your bank or building society, you are entitled to a full and immediate refund of the amount paid by your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when The Sick Children's Trust asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

