

Single donation and Gift Aid

..... breaking the cycle of abuse

	<i>y</i> ,			
I would like to	o support the in	fant trust wi	ith a special gift now, by making a s	single donation of:
□£10	□£30	□£50	(other, please enter amount)	
□£20	□£40	□£100	□£	
I enclose:	☐ Cheque	☐ Postal O	rder	
and send to	o:	•	ayable to: the infant trust order Floor, Consort House, Consort Way,	Horley, Surrey RH6 7AF
Gift Aid Decla	aration:			
of this declars as Gift Aid do each £1 I hav charity will re	ation, and all oth nations. I unders	er donations I stand that I mu tax year. For ch £1 donated	ons I have made for this tax year an make from the date of this declara ust pay 25p United Kingdom income the time being the Government wil I under Gift Aid.	ation until I notify you otherwise e tax and/or capital gains tax for
			Last Name:	FundRaising Standards Board
Postcode:		Date	::	give with confidenc
Signature:				
☐ Please se	nd me more info	rmation about	t the infant trust	
	Fc	or news and inf	formation visit: www.infant-trust.c	org.uk
		To contact u	us go to: contact@infant-trust.org.u	ı <u>k</u>
	Telephone n	umbers:	+ 44 {0} 1753 647533 / + 44	{0} 7970 149911



Regular donations and Gift Aid

.... breaking the cycle of abuse

I would like to give the	Each MONTH or QUARTE	R or YEAR	Start date [date/month/year]					
infant trust £								
[amount]	[please circle the one that applies]	[please circle the one that applies]						
Please fill in your name and postal address in block capitals								
Name [Mr/Mrs/Ms/Miss]	Telephone Number [inc. coloutside the UK]	untry code	Mobile / cell phone	number				
Address			Postcode/Zip code					
			Email address					
Please make sure your name and address are completed correctly and clearly otherwise the infant trust will not be able to reclaim tax on your donation. Thank you.								
Tax-free giving If you are a UK tax payer please tick the 'YES' box below as we can reclaim 28p in every £1 you give, at no extra cost to you – see over for details. If you are not a UK taxpayer, please tick the 'No' box.								
☐ Yes, I would like all donations I make to the infant trust to be treated as Gift Aid.								
☐ No, I am not a taxpayer so am unable to take part in the Gift Aid scheme FundRaising Standards Board								
			aive wi	th confidence				
Name of tax payer:	Name of tax payer: Today's o		date:					
Instruction to your bank/building society to pay by Standing Order								
To CAF bank	Name[s] of account holder[s]	Your branch	sort code					
Sort code 40-52-40								
A/C 00013152		Your bank / building society account number						
the infant trust								
Name and address of your bank / building society								
Instructions to your bank or building society; please pay the infant trust the amount detailed above from								
the account detailed in this instruction until further notice. Signed: Date:								

You can cancel a standing order at anytime by contacting your bank / building society

PLEASE TAKE OR SEND THIS FORM TO YOUR BANK / BUILDING SOCIETY, and let us know of your generosity.