

## Age UK Lancashire Donation Form

***Every donation makes a difference to the lives of older people in Lancashire.***

If you would like to make a donation please complete this form.

Title: .............. Forename(s): ..........................................

Surname: ..........................................................................

Address: ……………………………………………………………………………………………………………

………………………………………………………………………………………………………………………….

Postcode: .....................................

Tel No: ......................................... Email Address: ................................................

***Would you like to receive our quarterly Newsletter by email? Please tick this box***: □ ***and make sure you provide your email address above.***

Please complete as appropriate:

I would like to make a **one-off donation** of £ and I enclose cash/cheque for this amount, made payable to **Age UK Lancashire**.

I would like to make a **regular direct debit donation** to Age UK Lancashire of:

□ £3.00 □ £5.00 □ £10.00 □ other £ every month

(Please complete the form on reverse).

We do not normally acknowledge donations of under £20. However, if your donation is above this amount and you DO NOT want us to acknowledge it, please tick this box: □

**If you would like to hear from us about our services and other ways to support our organisation, please select a contact method: □ Phone □ Post □ Email**

Signature: .............................................. Date: ....../....../............

Office use only:

Letter sent □ Database □ Project Code: 13

**Age UK Lancashire, Wellbeing Centre, Moorgate, Ormskirk, L39 4RY. Registered charity number 1142294. T: 0300 303 1234 - E:** [**admin@ageuklancs.org.uk**](mailto:admin@ageuklancs.org.uk) **-** [**www.ageuklancs.org.uk**](http://www.ageuklancs.org.uk)

**Charity Gift Aid Declaration**

**Boost your donation by 25p of Gift Aid for every £1 you donate**

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

**In order to Gift Aid your donation you must tick the box below:**

□ I want to Gift Aid my donation of £\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to:

□ I want to Gift Aid my donation of £\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and any donations I make in the future or have made in the past 4 years to:

**Name of Charity** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

**My Details**

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name or initial(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please notify the charity 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

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Age UK Lancashire Logo Black CMYK | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Ddlogol | | | | | | | | |
|  | Instruction to your Bank or Building Society to pay by Direct Debit | | | | | | | | |
| **Please fill in the whole form including official use box using a ball point pen and send it to:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Service User Number** | | | | | | | | |
| Age UK Lancashire  Wellbeing Centre, Moorgate, Ormskirk, L39 4RY | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **6** | **3** | **0** | **9** | **5** | **1** |  |  |  |
|  |  | | | | | | | | |
|  |  | | | | | | | | |
|  | FOR Age UK Lancashire OFFICIAL USE ONLY  This is not part of the instruction to your Bank or Building Society. | | | | | | | | |
|  |
|  |
|  |
| **Name(s) of Account Holder(s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Bank/Building Society account number** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | |  | | |  | | |  | | |  | | | | |  | | |  | | |  | | |  | |  |
| **Branch Sort Code** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Instruction to your Bank or Building Society**  Please pay Age UK Lancashire 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 Age UK Lancashire and, if so, details will be passed electronically to my Bank/Building Society. | | | | | | | | |
|  | | |  | | |  | | |  | | |  | | | | |  | | |  | | |  | | |  | |  |
| **Name and full postal address of your Bank or Building Society** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| To: The Manager | | | | | | | | | | | | | | Bank/Building Society | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Signature(s) | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | Postcode | | | | | | | | | | | |  | Date | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | |
| **Reference (for office use only)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | |
| **A** | **C** | **L** | | **D** | **O** | | **N** |  | |  |  | |  | |  | | |  |  | |  |  | |  |  | |  |  |  | | | | | | | | |
| Banks and Building Societies may not accept Direct Debit Instructions from some types of account  DDI1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

This guarantee should be detached and retained by the Payer.

|  |
| --- |
| DdlogolTheDirect Debit Guarantee |
| This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme.The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society. |
| If the amounts to be paid or the payment dates change Age UK Lancashire will notify you in 5 working days in advance of your account being debited or as otherwise agreed. |
| If an error is made by Age UK Lancashire or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid. |
| You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us. |