## Be our friend! Donation form – please return to Age Cymru Powys

Please fill out your	name and addres	ss below. Thank you.
Title:	Initials:	Surname:
Address:		
<u></u>		Postcode:
<b>T</b> -1		
Tel:		I Email:
	•	ar donation by standing order to help
Age Cymru Powys	to plan ahead.	
To (name of bank	):	
Address of bank:		
		Postcode:
		e Cross, Newtown SY16 2LX for the credit
of Age Cymru Powys	Sort Code 40-34-33 A	ccount Number: 11557165
Starting on	(day) of (	(month) 20 (year)
I would like to mak	e a gift of £	
		e annually/half-yearly/quarterly/monthly* until further
notice in writing fro	m me to my bank	(*delete as appropriate).
My account name		
Account number		Sort code
Signature		Date
Please return this Wells, Powys LD1		mru Powys, Marlow, South Crescent, Llandrindod to your bank).
-		atly increase the value of your donation if you sign
-		K taxpayer, and I wish all gifts of money that I make
today and in the i	uture to be treated	d as gift aid donations.
Date///	_(please complete	e) Signature
Yes, I would like	e to make a one of	ff donation by cheque to Age Cymru Powys.
Please accept my	donation of £	
So your gift helps l	ocal people, pleas	se make cheques payable to 'Age Cymru Powys'.
I'm interested in	leaving a legacy	to Age Cymru Powys, please contact me.

We promise never to share or sell your information to other organisations or businesses and you can opt out of our communications at any time by telephoning 01597 825908, writing to ACP, Marlow, South Crescent, Llandrindod Wells, Powys LD1 5DH or by sending an email to <a href="mailto:support@acpowys.org.uk">support@acpowys.org.uk</a>