

The Kambia Appeal Regular Donation Bankers Order

Please pay The Kambia Appeal £..... each month/quarter/year (delete as appropriate) commencing/...../..... until I cancel this order.

Name	
Address	
City	
Postcode	
Signature	
Date	

Bank Details:

Account Number / / / / / / /
Sort Code / /
Account Name	
Bank Name and Address	

GIFT AID

By consenting to GIFT AID on your donation we can reclaim a further 28% from the tax office. To qualify you must pay an amount of income tax and / or capital gains tax at least equal to the tax that the charity reclaims on your donations in the tax year (currently 28p for each £1 you give). I hereby give permission for The Kambia Appeal to reclaim tax on all donations I have made since 6th April 2000 and I make hereafter.

Signature: Date:

Thank you for your kind support donation

The Kambia Appeal Bank Details (to be completed by the Appeal)

Bank name and branch	
Account Number / / / / / / /
Sort Code / /

Please post to: The Kambia Appeal, 78 Painswick Road, Cheltenham, Glos., GL50 2EU

DATA PROTECTION: Your details will be entered on our database. Please tick the box if you do not wish to be notified of forthcoming events, Appeal news or ways to help the Appeal.