

DONATION FORM



Title: Date:.....
Name:
Address:
Post Code: Telephone:
Email
How did you hear of WellChild ?

CREDIT CARD DONATION

1. Please debit my card with a donation of £.....
Card type : Visa / Mastercard / Delta / Amex / Other (Circle)
Card No: Issue No:
Start date: Expiry date:
Name on card:

CHEQUE DONATION

2. I would like to send a cheque donation in the sum of £
Please send cheque to : 16 Royal Crescent, Cheltenham, GL50 3DA.
Please complete donor's personal details and send this form to WellChild.

BANK DONATION

3. I would like to make a donation via the bank in the sum of £
Please complete donor's personal details and send this form to WellChild.
Our bank details are : Bank : Barclays, 50 Pall Mall, London, SW1A 1QD
Account Name: WellChild
Account No: 60249068
Sort Code: 20 05 75

Give donor reference number to put on the paying in slip.

GIFT AID – Must be completed in all cases.

- I would like WellChild to claim back the tax on this and any future donations, allowing WellChild to claim 28p back from the government for every £1. This will be 28p for every £1.00 I donate.
- I confirm that I pay an amount of income tax or capital gains tax at least equal to the amount of tax that WellChild will reclaim on my donation.
- I would like to receive any further information on WellChild and its work.
- I would like to be kept up to date with developments in the work of WellChild.
- I would like to receive information on events organised by WellChild.

Form Completed By : Date :