

**Please help us to support sick children**



I would like to make a regular donation to WellChild of:

£5    £10    £20    £30   per month/quarter/year

Or my chosen amount of: \_\_\_\_\_ per month/quarter/year

Title: .....First Name: .....Surname: .....

Address: .....

Post Code: .....Tel: .....Email: .....

*giftaid it*

I would like WellChild to claim back the tax on this donation and any future donations I make. I confirm that I am a UK tax payer.

Using Gift Aid means that for every pound you give, we get an extra 25 pence from the Inland Revenue, helping your donation go further, and it doesn't cost you a thing. I understand the requirement is that I must pay an amount of income tax or capital gains tax at least equal to the tax deemed to have been deducted from this donation. **NB:** If you are a higher rate tax payer, you can claim tax relief on this donation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU – YOUR SUPPORT IS VERY MUCH APPRECIATED**

**Instruction to your Bank or Building Society to pay by Direct Debit**



Please fill in the whole form using a ball point pen and send to:  
WellChild, 16 Royal Crescent, Cheltenham, Glos GL50 3DA

Originator's Identification Number

4 | 1 | 6 | 8 | 0 | 7

Reference

**Name(s) of account holder(s)**

**Bank/Building Society Account Number**

**Branch Sort Code**

**Name and full postal address of your Bank or Building Society**

|                            |                          |
|----------------------------|--------------------------|
| To: The Manager<br>Society | Bank/Building<br>Society |
| Address                    |                          |
|                            |                          |
| Post Code                  |                          |

**Instruction to your Bank or Building Society**

Please pay WellChild 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 WellChild and, if so, details will be passed electronically to my Bank/Building Society.

|              |
|--------------|
| Signature(s) |
|              |
| Date         |

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

This guarantee should be detached and retained by the Payer  
**The Direct 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 you own Bank or Building Society.
- If the amounts to be paid or the payment dates change The WellChild Trust will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by The WellChild Trust 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.