Direct debit form

Penny Brohn Cancer Care

Recruiter name _____ Team leader _____ Date _____

Location _____ Time _____ Male ☐ Female ☐

Other comments

REF:

I want to support Penny Brohn Cancer Care

Registered Charity No. 284881

Your details Mr/Mrs/Miss/Ms First name _____ Surname _____

Your address _____

_____ Your postcode _____

Your evening tel. no. _____ Your daytime tel. no. _____

Your mobile no. _____ Your email _____

Your date of birth ____/____/____

I am happy to be contacted by email ☐

I hereby confirm that I am over 20 years of age. ☐

I wish to make a regular donation to Penny Brohn Cancer Care of ☐ £10 ☐ £15 ☐ £20 Other £ _____
Starting on the _____ day of _____ month (please allow at least 1 month from the date of signing this form, your account will be debited on the date specified or within a few days of it).
I'd like to pay ☐ monthly ☐ quarterly ☐ annually (and on the same day of each month/quarter/year) until further notice.

GIFT AID

Use Gift Aid and you can make your donation worth more. For every pound you give to us, we get an extra 25 pence from the Inland Revenue. So just tick here. It's that simple.

☐ I confirm that I am a UK taxpayer and want Penny Brohn Cancer Care to claim back the tax on all donations I have made since 6 April 2002 and on all future donations until further notice.

☐ I am not a UK taxpayer.

giftaid it

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

Penny Brohn Cancer Care, Chapel Pill Lane, Pill, Bristol BS20 0HH

DIRECT Debit

Name and full postal address of your Bank or Building Society

To: The Manager (bank name) _____

of: (bank address) _____

_____ Postcode _____

Full name of account holder

_____

Account number ☐☐☐☐☐☐☐☐

Branch sort code ☐☐ ☐☐ ☐☐

Originator's Identification Number 6 9 0 3 1 7

Reference Number

Please pay Penny Brohn Cancer Care Ltd 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 Penny Brohn Cancer Care Ltd and, if so, details will be passed electronically to my Bank/Building Society.

Signature _____ Date _____

Banks and Building Societies may not accept Direct Debit Instructions from 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 your own Bank or Building Society. • If the amounts to be paid or the payment dates change Penny Brohn Cancer Care will notify you 10 working days in advance of your account being debited or as otherwise agreed. • If an error is made by Penny Brohn Cancer Care 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 Penny Brohn Cancer Care.

DIRECT Debit

www.pennybrohncancercare.org
Registered Charity No. 284881

FundRaising Standards Board