

# Donation Form

I wish to make a donation to Newlife Foundation for Disabled Children.

## Your Details

Title: Mr / Ms / Miss / Mrs / Dr *(please delete as necessary)*

Full Name:

Home Address:

Postcode:

Telephone:

Email:

## I Wish To Donate:

£10   
  £50   
  £100   
  £250  
 £1,000   
  £5,000   
 Other Amount

Please provide your full details so we can acknowledge your gift and thank you for your generosity. We would like to keep you informed about the vital work we do.

If you would like to receive this information by email, please ensure you enter your email address in the box above.

Newlife Foundation for Disabled Children is registered as a Data Controller with the Information Commissioner and is committed to ensuring that all personal information is treated properly in accordance with the Data Protection Act 1998.

Newlife Foundation may use your details to contact you direct via email, telephone, fax or electronic communication to send you further information regarding Newlife Foundation. If you do not wish to receive further information please tick the box.

If you have any queries then please contact Pat Grant, Data Controller for Newlife Foundation.

[www.newlifecharity.co.uk](http://www.newlifecharity.co.uk)

**Newlife Centre** Hemlock Way, Cannock, Staffordshire WS11 7GF

Tel: 01543 468888 | Email: [info@newlifecharity.co.uk](mailto:info@newlifecharity.co.uk)

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## Make it go further...

**If you are a UK taxpayer, you can increase the value of your gift at no extra cost to yourself.**

If you consent to Gift Aid your donation will be worth considerably more. We will be able to reclaim the tax paid on your donation.

If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.

## The Gift Aid declaration

(please tick box)

I would like Newlife Foundation to reclaim tax on all donations I have made since 6th April 2000, and all further gifts, until I notify you otherwise. I confirm I am a UK taxpayer and that I have paid an amount of UK income tax or capital gains tax equal to any tax reclaimed by Newlife Foundation for Disabled Children.

## Signature

## Date

## Check List

Please send the following to Newlife Foundation:

- ✓ Cheque(s) for the money you've raised, with your name on the back.
- ✓ If you receive cash or cheques made payable to yourself, please bank them and write a cheque to Newlife Foundation for the amount
- ✓ All sponsorship forms, without the forms we cannot claim Gift Aid.
- ✓ Paying in Sheet (this page)

[newlifecharity.co.uk/fundraise](http://newlifecharity.co.uk/fundraise)



## Paying in

Please fill in the following details so we can thank you for all your hard work and support

### Your Details

Name:

Address:

Postcode:

Telephone:

Email:

Total Collected:

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Contact our national fundraiser for advice or for fundraising tips go to: [newlifecharity.co.uk/fundraise](http://newlifecharity.co.uk/fundraise)

[www.newlifecharity.co.uk](http://www.newlifecharity.co.uk)

Tel: 01543 468888 | Email: [info@newlifecharity.co.uk](mailto:info@newlifecharity.co.uk)

**Newlife Centre** Hemlock Way, Cannock, Staffordshire WS11 7GF

Newlife Foundation for Disabled Children Registered Charity No.1001817

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**Make it go further...**

### The Gift Aid declaration

(please tick box)



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Signature

Date

# Instructions to your bank or building society to pay Direct Debits



Please complete the whole form in **BLOCK CAPITALS** and send to:

Charities Aid Foundation  
25 Kings Hill Avenue  
Kings Hill, West Malling  
Kent ME19 4TA

## Name(s) and address of account holder

Mr/Mrs/Miss/Ms \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Bank/building society account number

--	--	--	--	--	--	--	--

Branch Sort code    

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 - 

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## Name and full postal address of your bank/building society

To The Manager  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

## Originators Identification Number

6	8	5	0	7	7
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### FOR CAF OFFICIAL USE ONLY

This is not part of the instruction to your Bank/  
Building Society

CAF reference number  
FS1615

## Instruction to your bank or building society

Please pay CAF re **Newlife Foundation**  
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 CAF re **Newlife Foundation** 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, CAF re **Newlife Foundation** will notify you at least ten working days in advance of your account being debited or as otherwise agreed.
- If an error is made by CAF re **Newlife Foundation** 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.

# Ways you can give...



## I Wish To Give By Credit / Debit Card

Visa    MasterCard    Switch/Maestro

Please debit my account £

Cardholder Name:

Card Number:

Expiry Date:   /     Issue No.

## I Wish To Give By Cheque

Please make your cheque payable to:

**Newlife Foundation**

and send to: Newlife Centre, Hemlock Way, Cannock, Staffordshire WS11 7GF



If you wish to pay by Direct Debit  
- please complete the Direct Debit  
mandate form

## How would you like us to spend your donation

**I would like 100% of my donation to go towards:**

- |  |  |
|--|--|
| <input type="checkbox"/> Equipment Grant Fund (UK)             | <input type="checkbox"/> Medical Research        |
| <input type="checkbox"/> Equipment Grant Fund (in your county) | <input type="checkbox"/> Campaigns and Awareness |
| Please specify your county:<br><input type="text"/>            | <input type="checkbox"/> Noonan Syndrome Support |
| <input type="checkbox"/> Nurse Services                        | <input type="checkbox"/> Noonan Syndrome Action  |

Please return your completed donation form with payment to:

Newlife Centre, Hemlock Way, Cannock, Staffordshire WS11 7GF

An acknowledgement of your gift will be sent on receipt.

Newlife Foundation for Disabled Children, Registered Charity No.1001817



foundation for disabled children

[www.newlifecharity.co.uk](http://www.newlifecharity.co.uk)