

OFFERING A HELPING HAND



I enclose a donation of £.....

Full Name

Address

Postcode Telephone No:

Gift Aid

I confirm that I am a tax payer and would like Headway Essex to claim Gift Aid on my donation.

BANKERS ORDER FORM (please print)

Your bank details

To: The Manager Bank plc

Sort Code

Bank Address

Please pay to: CAF Bank Ltd (Code 40-52-40)
To credit: Headway Essex (Account No. 00011576)

Circle the amount you wish to select or state your own sum below

The sum of £ (figures) (words)

Annually/Quarterly/Monthly starting on the.....day of.....20.....

Please debit my account no.

Your Signature

To make a donation through the Payroll Giving Scheme contact the office below:

Please send this form to:
The Headway Town Office, 58b Head Street, Colchester, Essex, CO1 1PB.
Tel: (01206) 547616. Fax: (01206) 547486.

Thank you for your support.