## **Donation Form**



Title: Full N	lame:	
Address:		
Postcode:	Telephone:	
•	will only ever send you information on with third parties.	n relating to Headway Essex and our events. We will not
If you would like us to Email ☐ Post ☐		ticking how you would like us to contact you;
I would like to	) <b>:</b>	
☐ Make a one off	donation to Headway Essex of £	(Please make cheques payable to Headway Essex
	onation of £5 $\square$ £10 $\square$ £20 $\square$ £50 ur weeks from return of form to the	D□ Other e start date of your standing order).
Bank name:		
Branch address:		
Sort code:		Account number:
Account name:		_
Signature:		Date:
Please pay to: CAF Ba	ank Ltd (Sort code 40-52-40) To	credit: Headway Essex (Account No. 00011576)
Boost your do Gift Aid is reclaimed you as a current UK t	nation by 25p for every by the charity from the tax you pay axpayer.	for the current tax year. Your address is needed to identify
In order to Gift Aid y	our donation you must tick both bo	oxes below:
☐ I want to Gift Ai years to Headwa		y donations I make in the future or have made in the past
•		s income tax and/or capital gains tax than the amount Gift is my responsibility to pay any difference.
Please notify the cha  • want to cano	rity if you: el this declaration	

- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your self-assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Please return completed form to: Headway Essex, 6<sup>th</sup> Floor Annex, 90-92 Butt Road, Colchester, Essex, CO3 3DA