

# JEWISH CARE SCOTLAND DONATION FORM



## MONTHLY DONATION

I wish to donate by standing order. Account from which money should be debited:-

Name of Bank: .....

Branch Address: .....

Name a/c to be debited: .....

Sort Code ..... Account Number .....

for the credit of: **Jewish Care Scotland - Sort Code 83 20 22, a/c 00286768**

the sum of: £..... amount in words .....

Commencing on ..... and monthly thereafter until further notice

Signature ..... Date .....

## SINGLE DONATION

I wish to make a donation of £15.00  £25.00  £50.00  £100.00  Other £.....

I enclose a cheque payable to Jewish Care Scotland.

Donations can also be made by credit or debit card on 0141 620 1800 or online at [www.justgiving.com/jcarescot](http://www.justgiving.com/jcarescot)

If you wish an acknowledgement for your donation please tick here

## GIFT AID DECLARATION

Gift Aid will increase the value of your donation, making each £1 worth £1.25 to Jewish Care Scotland, at no additional cost to you.

I want to Gift Aid my donation of £..... and any donations I make in the future or have made in the past four years to Jewish Care Scotland.

I am a UK tax payer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Signature ..... Date .....

Print Name: .....

## CONTACT DETAILS

Name: .....

Address: .....

Postcode: .....

E-mail: .....

Telephone: .....

### Please notify us if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income or capital gains.

*giftaid it*