

Title _____ First Name _____ Last Name _____
 Address _____

Email _____ Telephone No. _____

I WISH TO MAKE A REGULAR DONATION OF £ _____

Monthly / Quarterly / Annually

Commencing / /

Signature _____

Date _____

GIFT AID DECLARATION *giftaid it*

Boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

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

Bank Details

Name(s) and address of account holder(s)

Account Number

Sort Code

FOR CAF OFFICIAL USE ONLY - This is not part of the Instruction to your Bank/Building Society

Date of first payment on or after

/ /

Action on Elder Abuse would like to keep you updated on the work we do and how you can continue to support our work

If you would like to receive information by email please tick this box

Please tick here if you prefer **NOT** to receive information by post

Please tick here if you prefer **NOT** to be contacted by phone

Originator Identification Number **6 8 9 9 0 2**

CAF Ref No: **7641-05**

Please send this completed Instruction to:

Action on Elder Abuse
 PO Box 60001
 London SW16 9BY

Instruction to your Bank or Building Society

Please pay CAF Re Action on Elder Abuse 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 Action on Elder Abuse if so; details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank/Building Society

To: The Manager
 Address

This guarantee should be detached and retained by the Payer



- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or interval of your Direct Debit CAF Re Action on Elder Abuse will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request CAF Re Action on Elder Abuse to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by CAF re Action on Elder Abuse or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society – if you receive a refund you are not entitled to, you must pay it back when CAF re Action on Elder Abuse asks you to.
- You can cancel a Direct Debit at any time by writing to your bank or building Society. Written confirmation may be required. Please also notify us.