

WPF Therapy Donation Form

I would like to donate:

£250 £100 £50 £20 £10
 Other £

Your Details

Title

First Name*

Last Name*

House Number*

Address line 1*

Address line 2*

Address line 3*

City*

County

Postcode*

Country*

Telephone Number

Mobile Number

Email Address*

**Mandatory fields*

make a change

Instructions to your bank to pay by Standing Order

Name of Bank / Building Society	
Address of Bank / Building Society	
Postcode of Bank / Building Society	

Please pay to the account of the WPF Therapy, HSBC Bank plc, Central Hall, Westminster, London SW1, Account No. 71148427, Sort Code: 40-02-06 the sum of:

£ _____ on the _____ day of _____ (month) _____ (year)

and continue to make the same payment (please tick as appropriate):

Monthly

Quarterly

Annually

Until further notice

(NB. The date of the first payment should be at least one month from today's date).

Your Account Details

Account Holder Name:
Account Number:
Sort Code: <input type="text"/> <input type="text"/> <input type="text"/>
Signature:
Date:

[make a change](#)

Gift Aid

If you are a UK taxpayer, you can make your donation to WPF Therapy worth almost a third more. By ticking the box below, you'll enable us to reclaim tax from the Inland Revenue on all gifts made since 6th April 2000.

Gift Aid Declaration (please tick box)

I am a UK taxpayer. I authorise WPF Therapy to reclaim from the Inland Revenue the Gift Aid allowance on my personal (or sole trader/partnership) donations since 6th April 2000.

Thank you

Please send your completed form to Claire Umar, WPF Therapy, 23 Magdalen Street, London, SE1 2EN.