

# Monthly Donation Form

Please print this form, complete it and post to the address at foot of page. Thank you.  
Instructions to your Bank or Building Society

Name of charity: **Growing Care, Charity No. 1095801**

Please enter the name and full postal address of your Bank or Building Society

To: The Manager \_\_\_\_\_ Bank or Building Society

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Bank or Building Society Account Number

--	--	--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

Please pay (amount in words) \_\_\_\_\_

£  ON  day of each month

Commencing Date  until further notice

Name of account \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

Your E-mail address \_\_\_\_\_

Recipients Details: To be completed by Growing Care

Bank address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Bank Account Number

--	--	--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

Account Name **Growing Care (Adopt a Family Project)**

Account Address **22 Kings Road, Chandlers Ford, Eastleigh, Hampshire SO53 2EX**

I would like the charity Growing Care to treat this donation as **GIFT AID**. I currently pay UK Income Tax at the Standard Rate or above. I will notify the charity in writing if this situation changes.

By agreeing to this statement you are enabling the charity to reclaim the tax you will have paid on the amount of the donation which currently adds 28p to every £1 donated. THANK YOU

To qualify for GIFT AID you must have paid at least the equivalent amount of tax that will be claimed, in the same tax year. Please circle the YES box if you agree to the charity claiming GIFT AID on this dona-

YES

NO

Please Post Form to: **Growing Care, 5 Seawinds, Lymington SO41 0NX**

