10/2009

Donation Form

I would like to support Jewish Care with a monthly gift of:

❑ £20 ❑ £30 ❑ £40 ❑ £50 ❑ other £ .....

Title: .....Name: .....

Address: .....

..... Postcode: .....

Email: ..... Daytime tel: .....

☐ **I am a UK taxpayer and would like Jewish Care to reclaim tax on all donations I have made for six years prior to this year (and since April 2003) and any future donations, until I notify you otherwise.** (Please tick if appropriate)

Please note that for your gifts to qualify for tax relief, you must pay an amount of income tax and/or capital gains tax at least equal to the tax the charity reclaims on your donations in the appropriate tax year.

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Data protection

We would like to keep you informed about our fundraising activities, products and services. If you would like to receive this information by email, please let us know by ticking this box ☐.
Please tick this box if you **do not** wish to receive information about our fundraising activities or our products or services by post ☐
Please tick this box if you **do not** wish to receive information about our fundraising activities or our products or services by telephone ☐

JEWISH CARE

Instruction to your Bank or Building Society to pay by Direct Debit

DIRECT Debit

Please fill in the form and send to: Jewish Care, Merit House, The Hyde, 508 Edgware Road, Colindale, London NW9 5AB

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society

Address

Postcode

Name(s) of Account Holder(s)

Branch Sort Code

Bank/Building Society account number

Service User Number

9	1	1	7	2	8

Reference Number

Instruction to your Bank or Building Society

Please pay Jewish Care 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 Jewish Care and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

DDI5

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee

DIRECT Debit

- 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 frequency of your Direct Debit, Jewish Care will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Jewish Care 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 Jewish Care 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 Jewish Care asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.