**(Your Bank’s Name) To ..................................................................... Address.....................................................................**

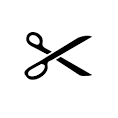
**…………………………………………………………………………………………… Postcode…………………………………**

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|  | BANK | | BRANCH TITLE (NOT ADDRESS) | | | | | | | | | | | | | | | | | SORTING CODE NO. | | | | | | | |
| Please pay | **Unity Trust Bank** | | **Birmingham** | | | | | | | | | | | | | | | | | **60-8301** | | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | Beneficiary's Name | | | | | | | | | | Account Number | | | | | | | | | | | | | | | | |
| For the  credit of | **CWUHA** | | | | | | | | | | **2** | **0** | | **0** | | **9** | | **3** | | | **2** | | **5** | | **9** | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AMOUNT IN FIGURES | | AMOUNT IN WORDS | | | | | | | | | | | | | | | | | | | | | | | | | |
| **£** | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCOUNT TO BE DEBITED ( YOUR NAME) | | | | YOUR SORT CODE | | | | | | YOUR ACCOUNT NUMBER | | | | | | | | | | | | | | | | | |
|  | | | |  |  |  |  |  |  |  | | |  | |  | |  | |  | | |  | |  | |  | |
| Commencing on the 15th \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ and thereafter on 15th day of each  month until you receive further notice from me/us in writing. | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Signature:......................................................................... Date ..........................................................

Signature:......................................................................... Date ..........................................................

Note: The Bank will not undertake to make any reference to Value Added Tax or other indeterminate element, advise payer's address to beneficiary, advise beneficiary of inability to pay or request beneficiary's banker to advise beneficiary of receipt

[](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwik3aGKyP7RAhWJLsAKHYGfDU4QjRwIBQ&url=http://www.clipartpanda.com/categories/scissors-clipart-black-and-white&psig=AFQjCNEAQNiWYI6__jBVEHReoDcF6P_3ZA&ust=1486576750192481)

**Please return this slip only to: Carl Webb, CWUHA, 302a Barlow Moor Rd, Manchester, M21 8AY**

Name ……………………………………………….. Address…………………………………………………………

……………………………………………………….. Postcode ………………………………………………………

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Tel/Mobile No: ……………………………………... Email …………………………………………….…………….

*I have instructed my bank to donate £…………per month to CWUHA and want the charity to treat all donations I have made since 1st March 2010, and all donations I make from the date of this Declaration until I notify you otherwise as Gift Aid donations.*

*Please indicate below your preferred methods for us to contact you in the future. Please tick all that apply.*

 *Post*  *Telephone*  *SMS/Text*  *E-mail*

Signature………………………………………………. Date …………………………………….

**Notes**

1. You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donations in the tax year (currently 25% which yields 25p for each £1 you donate).
2. You can cancel this donation at any time by notifying us.
3. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration. (See note 1)
4. If you pay tax at a higher rate you can clam further tax relief in your Self-Assessment tax return.
5. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the charity, or ask your local tax office for leaflet IR 65.
6. Please notify us if you change your name or address.