My gift to Elizabeth Finn Care

Elizabeth Finn Care

Name _____

Address _____

_____ Postcode _____

Please fill in the whole form and send it to:
Elizabeth Finn Care, Hythe House, 200 Shepherds Bush Road, London W6 7NL

Pay Elizabeth Finn Care £ _____ per month on [ ] 1st or [ ] 15th of each month until further notice.

OR Pay Elizabeth Finn Care £ _____ per year on [ ] 1st or [ ] 15th of _____ until further notice.

Name(s) of Account Holder(s):

Bank/Building Society account number:

Bank Sort Code:

Name and full postal address of your Bank or Building Society

To the manager:	Bank/Building Society
Address:	
Postcode:	

Originators Identification Number

8	3	8	0	5	3

DIRECT Debit

Reference

Instructions to your Bank or Building Society

Please pay Elizabeth Finn Care Direct Debits from the account detailed in this instruction subject to the safeguard assured by The Direct Debit Guarantee. I understand that this instruction may remain with Elizabeth Finn 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 accounts

Gift Aid

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If you are a UK taxpayer we would be most grateful if you would sign the Gift Aid declaration below. The Gift Aid scheme allows Elizabeth Finn Care to reclaim the tax you have already paid on your donations at no extra cost to you and makes your donation worth more to us. Simply tick the box and check your name and address are correct and the tax office will give us 25p for every pound you donate.

Declaration

I want this and all donation I've made in the past six years and all future donations I make to Elizabeth Finn Care to qualify for Gift Aid until I notify you otherwise. To qualify for Gift Aid, what you pay in income tax must at least qual the amount we claim in the year. ☐

Signature _____

THANK YOU VERY MUCH – YOUR SUPPORT IS GREATLY APPRECIATED

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 take part in the Direct Debit Scheme.
- The efficiency and security of th scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Elizabeth Finn Care will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Elizabeth Finn Care or you Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.