

## Direct Debit Donation Form

The British Red Cross is helping build a world in which people have the capacity to recover from natural and man-made emergencies, and in which those who are most vulnerable receive the help they need. We can only achieve this with the help of people like you. Please become a regular supporter of the British Red Cross today.

**Title:** ..... **Forename:** ..... **Surname:** .....

**Address:** .....

..... **Post Code:** .....

**Gift Aid makes every £1 worth £1.28**

*giftaid it*

I am a UK Tax Payer, and I would like the British Red Cross to reclaim the tax on all donations I have made as well as any future donations.

Yes  No

*I understand that I must have paid an amount of tax or capital gains tax at least equal to the amount of tax that the charity will claim in the tax year.*

**I WOULD LIKE TO GIVE** £ \_\_\_\_\_ per month / quarter / year *(delete as appropriate)*

starting on the 5<sup>th</sup> / 20<sup>th</sup> *(delete as appropriate)* of \_\_\_\_\_ (month) \_\_\_\_\_ (year) \*allow 1 month from today

### British Red Cross

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



Please fill in the boxes 1 – 5 including the including official use box using a ball point pen and return it to:

British Red Cross Society 44 Moorfields London EC2Y 9AL
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Service User Number

9 7 2 6 8 1
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Name(s) of Account Holder(s)

**1**

Reference Number (to be completed by the British Red Cross)



Bank/ Building Society account number

**2**

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Branch Sort Code

**3**

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Name and full postal address of your Bank and Building Society

**4**

To the Manager:	Bank/Building Society
Name of Bank _____	
Address _____	
_____ Postcode _____	

#### Instruction to your Bank or Building Society

Please pay the British Red Cross Society Direct Debits from the account detailed in this instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand this instruction may remain with the British Red Cross and, if so, details may be passed electronically to my Bank/Building Society.

**5**

Signature(s) _____
Print Name _____
Date _____

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**Our Ref / INTB**