THE THEMBISA TRUST DONATIONS

www.thembisatrust.org

I WISH TO MAKE A ONE-OFF DONATION AND ENCLOSE A CHEQUE FOR £_____

N.B. Please send this form and your cheque directly to: The Thembisa Trust, 34 Trinity Rd, Oxford OX3 8LQ

OR

I WISH TO MAKE A REGULAR DONATION BY DIRECT DEBIT OF

£ _____ monthly / quarterly / annually. Commencing _____ 200__

Please complete the form opposite and send this completed document to Charities Aid Foundation (CAF) at the address shown

OR

PAYMENT BY DEBIT OR CREDIT CARD

Please complete the section below and send to CAF AT ADDRESS SHOWN OPPOSITE

I authorise you to debit my account with the amount **£**_____

Card type MASTERCARD / VISA / DELTA / SWITCH

Cardholders Name_____

Card Number

Start Date_____Expiry Date_____Switch Card Issue No._____

Tick box if you

☐ require a receipt

☐ want to be added to our mailing list

THANK YOU FOR YOUR DONATION!

Gift Aid: Using Gift Aid means that for every pound you give, we get an extra 28 pence from the Inland Revenue, helping your donation go further Please complete this form to enable us to collect Gift Aid. (To qualify for Gift Aid, what you pay in UK income tax or capital gains tax must at least equal the amount we will claim in the tax year.)

First Name:_____Surname:_____

Address: _____

_____Post Code:_____

I want all donations I've made since 6 April 2000 and all donations in the future to be Gift Aid until I notify you otherwise.

Signature:_____Date: _____

04-09

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

Please send this completed instruction to:

FUNDRAISING SUPPORT
CAF, KINGS HILL
WEST MALLING, KENT. ME19 4TA

Originator's ID Number 6 8 5 3 6 3

CAF Ref No. FS1322

Name(s) and address of account holder(s)

Mr/Mrs/Miss/Ms

Address

Postcode

FOR CAF OFFICIAL USE ONLY – This is not part of the instruction to your Bank/ Building Society.

Date of first payment on or after;

☐☐ / ☐☐ / ☐☐☐☐

Bank/Building Society account number

☐☐☐☐☐☐☐☐

Branch Sort Code

☐☐ – ☐☐ – ☐☐

Instruction to your Bank or Building Society. Please pay CAF re: The Thembisa Trust name 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 CAF re: The Thembisa Trust debits and if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank/Building Society

To: The Manager

Address:

Postcode

Signature

Date:

☐☐ / ☐☐ / ☐☐☐☐

Banks and Building Societies may not accept Direct Debit Instructions for some type of accounts.

This guarantee should be detached and retained by the Payer

The Direct Debit Guarantee

- This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society
- If the amounts to be paid or the payment dates change, CAF re: The Thembisa Trust will notify you at least ten working days in advance of your account being debited or as otherwise agreed.
- If an error is made by CAF re: The Thembisa Trust or your 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 CAF, Fundraising Support, Kings Hill, West Malling, Kent. ME19 4TA.