

JEWISH CARE SCOTLAND DONATION FORM



MONTHLY DONATION

I wish to donate by standing order. Account from which money should be debited:-

Name of Bank:

Branch Address:

Name a/c to be debited:

Sort Code Account Number

for the credit of: **Jewish Care Scotland - Sort Code 83 20 22, a/c 00286768**

the sum of: £..... amount in words

Commencing on and monthly thereafter until further notice

Signature Date

SINGLE DONATION

I wish to make a donation of £15.00 £25.00 £50.00 £100.00 Other £

I enclose a cheque payable to Jewish Care Scotland.

Donations can also be made by credit or debit card on 0141 620 1800 or online at www.justgiving.com/jcarescot

If you wish an acknowledgement for your donation please tick here

GIFT AID DECLARATION

Gift Aid will increase the value of your donation, making each £1 worth £1.25 to Jewish Care Scotland, at no additional cost to you.

I want to Gift Aid my donation of £..... and any donations I make in the future or have made in the past four years to Jewish Care Scotland.

I am a UK tax payer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Signature Date

Print Name:

CONTACT DETAILS

Name:

Address:

Postcode:

E-mail:

Telephone:

Please notify us if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income or capital gains.

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