

Donation Form

Please complete this form if you would like to support the work of Crossroads Care.

**CROSS
ROADS
CARE**
**FOR
PEOPLE
NOT
PROFIT**

Your personal details

Title Mr Mrs Ms Dr Other

First name

Surname

Address

Town / City

Postcode

Tel no.

Email

Date of birth

Option 1 – pay by Direct Debit

Please accept my gift of £ (amount) monthly/quarterly/annually (Please delete as appropriate)

Starting on 2 15 28 (Please tick as appropriate) of (month) 2 0

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



Please fill in the whole form and send it to:

Crossroads Association, 32-36 Loman Street, London SE1 0EE.

(DO NOT RETURN TO YOUR BANK)

Originator's Identification Number

4 2 2 4 2 2

Name and full postal address of your bank or Building Society

To: The Manager of

Address

Postcode

Name(s) of Account Holder(s)

Bank / Building Society Account Number

Branch Sort Code

Reference number

(For Crossroads Care Official Use Only)

Instruction to your Bank or Building Society

Please pay Crossroads Association Direct Debits from the account detailed in this instruction subject to safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain with Crossroads Association and, if so, details will be passed electronically to my Bank / Building Society.

Signature(s)

Date

Option 2 – to donate by cheque or credit card

Please accept my gift of: £5 £10 £20

Or my preferred amount of £

I enclose a: Cheque Postal Order CAF voucher (Made payable to Crossroads Association)

OR please debit my: Visa Mastercard Maestro Solo

Card No.

Start date / / Expiry date / /

Security No. Issue No. (Switch only)

Option 3 – to donate online

You can also make a donation to Crossroads Care via our Justgiving page at www.Justgiving.com/Crossroads (Just follow the online instructions).

Gift Aid Declaration:

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I wish Crossroads Association to treat all donations that I have made during the previous six years and all future donations as Gift Aid donations, until I notify you otherwise (Please tick box)

NB: To qualify for Gift Aid, you must pay an amount of UK 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 28p for each £1 given).

We would like to keep you informed about our work with and for carers. If you do not wish to receive this information, please let us know by ticking this box

Please tick this box if you would prefer not to receive an acknowledgement

If you are interested in the work of Crossroads Care and would like to find out more, then please visit us at www.crossroads.org.uk or call **020 7922 7740**.

Thank you for your kind support

Please return this form to:
FREEPOST RSBU-HCEH-GZGZ
Crossroads Care
32-36 Loman Street
LONDON
SE1 0EE

Charity number 282102.
Crossroads Association is a company limited by guarantee in England number 1544708.
Registered office: 10 Regent Place, Rugby, Warwickshire CV21 2PN.

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