



# CdLS Foundation UK & Ireland

the Cornelia de Lange Syndrome Foundation

Registered as a Charity in the UK. No 1054033



## STANDING ORDER/DONATION FORM

**Yes! I want to help CdLS make a difference to those in need.**

### MY DETAILS

Please complete your details

Title	Mr	Mrs	Miss	Ms	Other _____
First Name	[ ]		Surname	[ ]	
Address	[ ]				
	[ ]				
	[ ]				
Post Code	[ ]		Date of Birth	[ ]	
Telephone	[ ]				
Email	[ ]				

### Gift Aid your donation

*giftaid it*

Gift Aid means that for every £1 you give, we get an extra 28 pence from Inland Revenue, helping your donation go further. This means that £10 can be turned into £12.80 just as long as donations are made through Gift Aid. If you want your donation to go further, please tick the box below. Thank you.

**Yes!** I am a UK tax payer and would like CdLS to claim back tax on all donations I have made this year and the six tax years prior to the year of this declaration, and on any future donations I make.

\*To qualify for Gift Aid the amount of income/capital gains tax you pay has to be at least equal to the amount CdLS will claim in the tax year.

### BANKER'S ORDER FORM

To make a regular gift through your bank account simply complete and sign this form

Name and full postal address of your Bank or Building Society	
To the Manager	[ ]
Branch and Address	[ ]
	[ ]
	[ ]
	[ ]
Name(s) of Account Holder(s)	[ ]
Bank/Building Society Account Number	[ ]
Branch Sort Code	[ ] [ ] - [ ] [ ] - [ ] [ ]

**Please debit my account with the sum of:**

£5    £10    £15    £20    **my preferred amount of: £** [ ] (whatever you give will be greatly valued)

On \_\_\_\_ day \_\_\_\_ month \_\_\_\_ year (please allow 1 month from today) and thereafter monthly / quarterly / annually (delete as appropriate) until further notice.

To be paid to the CdLS Foundation UK & Ireland account with Lloyds Bank PLC, Ellesmere Port. Sort Code: 30-12-96, Account No. 00259299.

Signature	[ ]	Date	[ ]	/	[ ]	/	[ ]
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### DONATION FORM

To donate please complete and sign this form.

**I am enclosing a gift of: £** [ ]

I enclose a CHEQUE (payable to CdLS Foundation UK & Ireland)

Please debit my: VISA / MASTERCARD / Charity Card / SWITCH / OTHER (please specify): \_\_\_\_\_

Card No: [ ]

Expires: [ ] [ ] (mm/yy)

Card Security Code: [ ] (digits printed on or by signature strip)

Debit card Start date: [ ] [ ] (mm/yy)

Debit card Issue number: [ ]

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Reference No:..... (For office use)**

**Please return the completed and signed form to:**

CdLS Foundation UK & Ireland, The Tower, Guardian Avenue, North Stifford, Grays, Essex RM16 5US.