

Please tell us who you are

Title: _____ First name: _____ Surname: _____
 Address: _____
 _____ Postcode: _____
 Telephone: _____ Mobile: _____ Email: _____

We would like to keep you up to date with our work, fundraising and ways to get involved – please tell us how you are happy to hear from us:

- Yes please, I'd like to hear from you by email No thanks, please don't contact me by post
 Yes please, I'd like to hear from you by text message or MMS No thanks, please don't contact me by telephone

You can update your preferences, including how often you hear from us at any time by calling 0131 343 0951.

Please fill in the direct debit form

I would like to set up a direct debit of £ _____

Starting on the 18th of /
 (please allow one month for processing)

And afterwards on or around the same day.
 Monthly Annually

Please pay LifeCare Edinburgh Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with LifeCare Edinburgh and if so, details will be passed electronically to my bank/building society.

Bank and Building Societies may not accept Direct Debit instructions for some types of accounts.



Instruction to your bank or building society to pay by Direct Debit

Name of account holder(s): _____

Bank or Building Society account number
 Branch sort code - -

Signature: _____
 Date: _____

Originator's identification number **248526**
 Reference (office use only)

Or make a cash gift - I would like to make a cash gift of: £ _____

I enclose a cheque postal order CAF voucher (please make cheques payable to LifeCare Edinburgh). Do not send cash in the post.

Please debit my credit card debit card CAF charity card

<u>Card number</u>	<u>Start date</u>	<u>Expiry date</u>	<u>Security no</u>	<u>Issue no</u>
<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>(Maestro only)</small>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>(Last 3 digits on back of card)</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>(Maestro only)</small>

Gift Aid declaration *giftaid it*
Make your gift go further.

Gift Aid is worth an extra 25p on every £1 you give LifeCare.

I am a UK taxpayer and I would like to treat all donations I have made to LifeCare in the past four years, and any donation I make in the future as Gift Aid donations until I notify you otherwise.

Signature: _____ Date: _____

I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of Gift Aid claimed by LifeCare Edinburgh or it is my responsibility to pay any difference.

Please let us know if your circumstances or address change so that we can update our records. Thank you.