

DONATION FORM

- PLEASE COMPLETE IN BLACK INK AND CAPITALS

1. Contact Details

TITLE [MR/MRS/MISS/OTHER] _____ FORENAME: _____ SURNAME: _____

ADDRESS: _____

POSTCODE: _____ DAYTIME TELEPHONE NUMBER: _____

INDIVIDUAL £20 COUPLE £30 FAMILY £35 CHILD _____ CHILD _____

LIFETIME SINGLE £200 LIFETIME COUPLE / FAMILY £300 CHILD _____ CHILD _____

EMAIL ADDRESS (FOR NEWSLETTER) _____

2. How would you like to pay?

1. By **cheque** payable to PORT-ER please complete part 1 & 2 of this form and post to: **S'PORTERS CLUB, PORT-ER, C/o Exeter Mobility Centre, Lister Close, Wonford Road, Exeter EX2 4DU.**

2. By **Standing Order** please complete parts 1- 4 and sign this form, then post to **S'PORTERS CLUB, PORT-ER C/o Exeter Mobility Centre, Lister Close, Wonford Road, Exeter EX2 4DU.**

3. Donors Bank Details – Account to be debited

BANK/BUILDING SOCIETY: _____

BANK ADDRESS INCLUDING POSTCODE: _____

BANK SORT CODE: _____ ACCOUNT NAME: _____ ACCOUNT NUMBER: _____

4. Payment Details

AMOUNT OF FIRST PAYMENT: £ _____ DATE OF FIRST PAYMENT: _____

OR PAY ANNUALLY UNTIL FURTHER NOTICE (PLEASE TICK)

CUSTOMER SIGNATURE (S): _____ DATE: _____

5. Beneficiary Bank Details – Account to be credited

BANK: BARCLAYS BANK PLC

BANK ADDRESS INCLUDING POSTCODE: 40 COURTENAY STREET NEWTON ABBOT, TQ12 2EA

BANK SORT CODE: 20-60-88

ACCOUNT NAME: PORT-ER

ACCOUNT NUMBER: 80274135

THANK YOU FOR YOUR SUPPORT! PORT - ER is a registered charity number 1116594 and has been formed to promote better care for people with limb disabilities. We provide grant funding for Users and professionals to encourage an international exchange of skills, knowledge and User support.



Gift Aid Declaration

Name of Charity: PORT-ER

Registered Charity Number: 1116594

Details of donor

TitleForename(s) Surname.....

Address

..... Post Code

I want the charity to treat

*the enclosed donation of £ as a Gift Aid donation

*the donation(s) of £which I made on/...../..... as (a) Gift Aid donation (s)

*all donations that I make from the date of this declaration until I notify you otherwise as Gift Aid donations

* all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

*delete as appropriate

You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year (currently 28p for each £1 you give).

Date:/...../.....

Notes:

1. You can cancel this Declaration at any time by notifying the charity.
2. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration.
3. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.
4. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the charity.
5. Please notify the charity if you change your name or address



c/o Exeter Mobility Centre, Lister Close, Wonford Road, Exeter, EX2 4DU