Donation Form

For one-off donations, send this form to The Harnhill Centre. To set up a regular standing order, please send this form and the standing order mandate on the next page.

Name(s):
Address:
Postcode:
Telephone Number:
Email Address:
Amount
£50 £100 £250 £500 £1,000 £5,000 Other: £
lethod of Payment
I enclose a cheque / postal order / charity voucher payable to The Harnhill Centr
Visa MasterCard Maestro Charity Card:
Card Number:
tart Date: / Expiry Date: / Issue Number (Maestro only):
ecurity Code (last 3 digits on signature strip):
I enclose a Standing Order form to set up a regular payment (I will tell The Harnhill Centre in writing if I want to make any changes in future to the amount of my donation).
ignature: Date:
giftaid it Do you pay income tax? If so, sign below and increase your gift by 25% at no cost to you!
I would like The Harnhill Centre to reclaim the tax from the Inland Revenue on (please tick or this donation only all donations I make for the work of The Harnhill Centre
all donations I have made for the work of The Harnhill Centre in the last six years
I understand that I must pay tax at least equal to the amount to be reclaimed. I am unde no obligation to make any further donations and I can cancel this declaration at any time
Signature: Date:
PLEASE RETURN THIS FORM TO:

The Harnhill Centre, Harnhill, Cirencester, Gloucestershire GL7 5PX

Standing Order Mandate

To set up a regular standing order, please send this mandate and the donation form on the opposite page to The Harnhill Centre.

Your Bank or Building Society

Please insert the name and full address of your bank or building society:

(
То:	Address:	
	Postcode:	
Sort Code:		

Request to Begin Regular Payments

Please make the following payments by standing order:

BENIFICIARY BANK AND BRANCH:	Lloyds TSB plc (Cirencester Branch) 14 Castle Street, Cirencester, GL7 1QJ		
ACCOUNT NAME:	Harnhill Centre of Christian Healing		
ACCOUNT NUMBER:	00223490		
SORT CODE:	30-92-06		
REFERENCE NUMBER:		(for office use only)	
MY/OUR NAME:			
AMOUNT:	£		
DATE OF FIRST PAYMENT:			
FREQUENCY OF PAYMENT:	Monthly / Quarterly / Annually (delete as applicable)		
DATE OF FINAL PAYMENT:			
ACCOUNT TO BE DEBITED:	Account Number:		
Account Name:			

This is a new instruction. Please cancel any previous standing order in favour of the above beneficiary under the above reference.

Signature:

Date:

Please send this form to The Harnhill Centre, not direct to your bank. Thank you!



Tel: 01285 850283 Email: office@harnhillcentre.org.uk www.harnhillcentre.org.uk



Registered Charity No. 1176053