



**BARTH SYNDROME TRUST ONE-OFF AND REGULAR DONATIONS
GIFT AID FORM**

I enclose a cheque/postal order for: £ _____ (Please make payable to "Barth Syndrome Trust")

Using Gift Aid means that we receive an extra 25p for each £1 given making your donation go further. Imagine what a difference that could make and it doesn't cost you a thing! To enable us to claim Gift Aid, please fill in your name, address and tick the box below. We will not use your details for any other reason.

Title: _____ Full Name: _____

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Address: _____

_____ Postcode: _____

I would like all donations I've made to BST today, in the past 4 years and in the future to be eligible for Gift Aid until I notify you otherwise. I confirm 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 tax that *all* the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give.

If you require a receipt, please tick here

Signature: _____

Date: _____

If your donation is to be a standing order, please fill in your details below and send the bottom half of this form to your bank/building society. Please also fill in the details below (for our records).

Amount: £ _____ Frequency: _____ Start Date: _____

Please return the top half of this form for both cheques and standing orders to:

The Barth Syndrome Trust, 20 Regal Drive, East Grinstead, West Sussex, RH19 4SB

STANDING ORDER MANDATE FOR REGULAR DONATIONS

To (Bank Name): _____

Address: _____

_____ Postcode: _____

Account Name: _____

Sort Code: _____

Account No: _____

Please pay to the account of the **Barth Syndrome Trust** at CAFKASH, West Malling

Sort Code: **40-52-40**

Account No: **00013279**

The sum of £ _____ (Amount in words) _____

Commencing on the _____ (date)

And thereafter **MONTHLY / QUARTERLY / HALF YEARLY / ANNUALLY** until further notice

Signature: _____

Date: _____

THIS INSTRUCTION REPLACES ALL PREVIOUS INSTRUCTIONS IN RESPECT OF THE BARTH SYNDROME TRUST