



NEW SUPPORTERS FORM

PLEASE COMPLETE IN BLOCK CAPITALS

TITLE _____ INITIAL _____ SURNAME _____

ADDRESS _____

POSTCODE _____ TELEPHONE NO _____

GIFT AID DONATION DECLARATION

(Your donations will be increased by a third by signing this form)

Please treat all my future donations as Gift Aid donations

SIGNED _____ DATED _____

PLEASE NOTE: To reclaim the tax on your donation you must be paying Income Tax or Capital Gains

Tax equal to the amount we reclaim (28p for every £1)

If you are not a tax payer please tick this box

STANDING ORDER FORM

Please treat all future donations under the GiftAid Scheme.

TO (Bank Name) _____

ADDRESS _____

ACCOUNT NUMBER _____ SORT CODE _____

SIGNED _____ DATED _____

Please pay Barclays Bank, PO Box 95, 1 North End, Croydon, Surrey CR4 1XU to the credit of
Child and Sound, Account 60864919, Sort Code 20-24-61 the sum of:

£1 _____ £5 _____ £10 _____ Other _____ On start date _____

and a like sum on the same of every week / month / year for each succeeding year until further notice.

CHILD AND SOUND: c/o 21 Radnor Close Mitchm surrey CR4 1XU

Telephone: 020 8764 1462

Reg Charity: 01071034

Email: childandsound@yahoo.com

Web site: www.childandsound.com

