

# Your Direct Debit form



Title:	First Name:	Surname:
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Full address:	
Postcode:	

  

Email:	Telephone:
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I would like to make a monthly/annual payment to Demelza of: (Please tick the amount you would like to donate)

☐ £10   ☐ £8   ☐ £6   ☐ Other £ ..... (minimum of £2 per month)

Option for payment date: Please tick your preferred date   ☐ 1st of each month   ☐ 15th of each month   ☐ 1st of each month

## Gift Aid

☐ By marking this box, I confirm that I would like all my donations, past, present and future to Demelza (Registered Charity Number 1039651) **to be treated as Gift Aid donations. I am a UK taxpayer** and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. Please notify us if your circumstances change.

☐ Please mark here if you are **not a UK taxpayer**.

## Keeping in touch with you

Your support helps provide extraordinary care to extraordinary children. We look forward to keeping in touch with you by post or phone with updates about our work.

Demelza respects your privacy and will process your details in accordance with UK and EU Data Privacy Regulations and will never sell or share your information. To learn more, please view our Privacy Policy at [demelza.org.uk/privacy-policy](http://demelza.org.uk/privacy-policy). **If you prefer not to receive updates by post or phone, please complete our opt-out form at [demelza.org.uk/opt-out](http://demelza.org.uk/opt-out) or call 0300 365 3653.**

☐ Would you also like to hear from us by email and text:

☐ **Yes, I'm happy to hear from you by email**

☐ **Yes, I'm happy to hear from you by text and online**

## Instruction to your Bank or Building Society to pay by Direct Debit



Please fill in the whole form using a ball point pen and send to: **Demelza, Rook Lane, Bobbing, Sittingbourne, Kent ME9 8DZ.**

Name and full postal address of your Bank and Building Society

To: The Manager	Bank/Building Society
Address:	
Postcode:	

Name(s) of Account Holder(s)


Bank/Building Society account number

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Branch sort code

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Service User Number

6	8	7	9	1	3
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Reference

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### FOR DEMELZA OFFICIAL USE ONLY

This is not part of the instruction to your Bank or Building Society.

### Instruction to your Bank or Building Society

Please pay Demelza House Children's Hospice Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Demelza House Children's Hospice and, if so, details will be passed electronically to my Bank/Building Society.

Signature (s)

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Date:

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Banks and Building Societies may not accept Direct Debit instructions for some types of account