I want to make a difference

Please fill in the whole form using a ballpoint pen.

1. My details

Title _____

First Name _____

Last Name _____

Address _____

_____

_____ Postcode _____

I'm happy to be contacted in the following ways (please tick).

Email _____ ☐

Phone _____ ☐

2. Make your donation go further

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If you are a UK taxpayer, The Bevern Trust can reclaim the tax on your donation and receive an extra 25p for every £1 donated. You need to have paid at least as much UK Income and/or Capital Gains Tax as the amount to be reclaimed on all your charitable donations in the appropriate tax year. Please inform us if you no longer pay UK tax at any time after the date of this declaration.

☐ Yes, I would like The Bevern Trust to treat this and all donations I have made in the four years prior to this year, and all future donations, as Gift Aid donations.

Please tick if you are NOT a UK tax payer ☐

Date _____

The Bevern Trust will hold your details to process your donation and keep you up to date on fundraising and what's happening at The Bevern Trust. If you would prefer not to hear from us, please let us know now, or at any time by telephone on 01273 400752 or email info@beverntrust.org. Our Privacy Policy can be found at https://beverntrust.org/our-policies/

Registered with FUNDRAISING REGULATOR

3. Regular gift

You can also set up your standing order online at https://beverntrust.org

I would like to make a regular gift of £5 ☐ £10 ☐ £25 ☐ Other Amount: £ _____

The Bevern Trust

Instruction to your Bank or Building Society to pay by Standing Order.

Name and full address of your Bank and Building Society.

To: The Manager Bank/Building Society

Address

Postcode

Name of account holder

Bank/Building Society account number

Branch sort code

Instruction to your Bank or Building Society
Please pay:
The Bevern Trust, (CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ)

Sort code: 40-52-40 Account number: 00023041

Please start on ____ / ____ / 20__ and each month until further notice.

Signature _____

Date _____

FOLD HERE

FOLD HERE

4. One-off gift

I'd like to make a gift of £10 ☐ £20 ☐ £50 ☐ other £ _____

Please make your cheque, postal order or CAF voucher payable to '**The Bevern Trust**' or please debit my

☐ Mastercard ☐ Visa ☐ Amex ☐ Maestro ☐ Delta ☐ CAF card

Cardholder's Name _____

Card no. _____ Issue no. _____ (Maestro only)

Valid from ____ / ____ Expiry date ____ / ____ Security no.* _____

*The last three digits on the signature strip on the back of your debit or credit card. For Amex the four digits on the top right front corner.

Signature _____ Date _____

For further information please call **01273 400752**.
The Bevern Trust, Bevern View, The Willows, Barcombe, East Sussex BN8 5FJ. Registered Charity no. 1103520.

Thank you!

MOISTEN HERE