

Yes, I would like to make a donation



1 Name (Mr/Mrs/Miss/Ms)

Address

Postcode

Tel / Mobile

Email

2 HERE IS MY DONATION OF: £10 £15 £20

Or my preferred amount of £

- I enclose my cash
- OR** I enclose my cheque/postal order payable to **Living Room Cardiff**
- OR** Standing Order

STANDING ORDER

To the Bank Manager of

Branch

Address

Pay the Living Room Cardiff (HSBC 40-16-35 Account 51701509)

The sum of/y swm o £

For months/years/until further notice*

(* delete as appropriate)

Starting from the of/o (dd/mm)

Name

Address

Account no.

Sort code

Signature

Date

3 GIFT AID DECLARATION

- I **want** the Living Room, Cardiff to treat my donation as a Gift Aid donation
- I **do not want** the Living, Room, Cardiff to treat my donation as a Gift Aid donation

Signed *giftaid it*

Date

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.

4 PLEASE RETURN TO

Flutter-Free February
c/o Living Room Cardiff
58 Richmond Road
Cardiff CF24 3AT

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