



Charity Ref: FS1935



Cardiomypathy Association, Unit 10, Chiltern Court, Asheridge Road, Chesham, Bucks, HP5 2PX. Charity Reg No: 803262

Title.....Forename(s).....Surname.....
Address.....
.....Postcode.....

Please complete payment method A or B

(A) I WISH TO MAKE A SINGLE DONATION

BY CREDIT / DEBIT CARD
I authorise you to debit my account with the amount £.....
Card type MASTERCARD / VISA / DELTA / SWITCH / MAESTRO
Cardholder's name.....
Card number
Start date..... Expiry date.....
Switch card issue no..... Security number.....
Signature..... Date.....

(B) I WISH TO MAKE A REGULAR DONATION OF £.....
monthly / quarterly / half yearly / annually Commencing.....200.....
Please complete mandate opposite

Please complete this section if you are a UK taxpayer

giftaid it GIFT AID DECLARATION
I am a UK tax payer and wish all donations I make from the date of this declaration until I notify you otherwise to be tax effective under the Gift Aid scheme.
Higher rate tax payers can claim further tax relief in their Self Assessment return.
Please tick the box Date.....
I am not a UK taxpayer
Please remember to notify us if your circumstances change. You must pay UK Income Tax and/or Capital Gains Tax at least equal to the tax the charity reclaims on your donation in the tax year.

Instruction to your Bank or Building Society to pay Direct Debit.

Please send this completed Instruction to:

CMA, Unit 10, Chiltern Court, Asheridge Road, Chesham, Bucks, HP5 2PX

Service User Number

6 9 6 7 9 7

CAF Ref No: FS1935

CAF, KINGS HILL, WEST MALLING, KENT, ME19 4TA

Name(s) and address of account holder(s)

Mr/Mrs/Miss/Ms
Address.....
.....Postcode.....

Bank/Building Society account number

Branch Sort Code

Name and full postal address of your Bank/Building Society

To: The Manager
Address.....
.....Postcode.....

FOR CAF OFFICIAL USE ONLY - This is not part of the instruction to your Bank/Building Society

Date of first payment on or after:

- -

Instruction to your Bank or Building Society

Please pay CAF Re Cardiomypathy Association 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 within CAF Re Cardiomypathy Association and if so, details will be passed electronically to my Bank/Building Society.

Signature.....

Date
- -

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

This guarantee should be detached and retained by the Payer

The Direct Debit Guarantee



- This guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits
If there are any changes to the amount, date or frequency of your Direct Debit, CAF Re Cardiomypathy Association will notify you ten working days in advance of your account being debited or as otherwise agreed.
If an error is made in the payment of your Direct Debit, by CAF Re Cardiomypathy Association or your bank of Building Society, you are entitled to a full and immediate refund of the amount paid from your bank or building society - if you receive a refund you are not entitled to, you must pay it back when CAF Re Cardiomypathy Association asks you to
You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.