

Direct Debit Form

**Yes, I would like to make a regular gift to The Christie Charity
Cancer of Unknown Primary – Jo’s Friends A01070**

*Please complete in block capitals
and return to:
The Christie Charity,
Wilmslow Road, Withington,
Manchester M20 4BX.*

£ _____ monthly quarterly
Starting on 1st of _____ or 15th of _____

(Please allow 1 month before you wish to start your donations)

Full name _____

Postal address _____

_____ Postcode _____

E-mail address _____

Boost your donation by 25p of Gift Aid for every £1 you donate

In order to Gift Aid your donation you must tick the box
I want to Gift Aid any donations I make in the future or have made in the past 4 years. 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 the charity if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

If you are happy for The Christie Charity to email you, please write your email address in the space above. You can unsubscribe at any time.

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

Please complete each section, and send to: Christie’s, FREEPOST MR 9647, Manchester, M20 7ZN

Name(s) of Account Holder(s)

Originator’s Identification Number

8	3	8	6	9	1
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Reference (office use only)

A	0	1	0	7	0
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Bank/Building Society Account Number

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Branch Sort Code

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Instruction to your Bank or Building Society:

Please pay RSM 2000 Ltd re Christie Hospital 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 RSM 2000 Ltd re Christie Hospital and if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Signature(s)
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 taking part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amount you are paying or the payment date changes, RSM 2000 Ltd re Christie Hospital will notify you at least 10 working days in advance of your account being debited or as we have otherwise agreed.
- If an error is made by RSM 2000 Ltd re Christie Hospital or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can decide to cancel your Direct Debit at any time simply by writing to your Bank or Building Society. If you do cancel, please also send a copy of your letter to us.