The Encephalitis Society
action for support, awareness, and research

Donations

The Encephalitis Society relies on donations to cover core running costs. If you would like to make a donation please complete this form.

YOUR DETAILS

Name:.....

Address:.....

.....Post Code: .....

GIFT AID – Tax free giving for Tax Payers

If you are a tax payer sign your name below and the Inland Revenue will add 25p for every £1.00 you give.

I wish the Charity to Gift Aid (tick one of the following)

☐ all donations that I make to the Society from the date of this declaration, until I notify you otherwise

☐ the enclosed donation

Signed..... Date ..... / ..... / 20.....

PLEASE NOTE

- **Income Tax** The amount of tax claimed by the Encephalitis Society must not exceed the amount of income tax or capital gains tax that you pay in any tax year. Please tell us if your donations no longer qualify for Gift Aid.
- **Cancellation** If you wish to cancel this declaration, please let us know in writing: the cancellation will take effect from the date on which you notify us, or from any later date that you specify.
- **Change of name / address** Please let us know if you change your name and/or address, so that we can continue to recover tax on your donations.

SINGLE DONATION

I enclose a donation of £ .....

By Cheque or Postal Order – payable to The Encephalitis Society

By Credit Card or CAF Charity Card. We are unable to accept Switch cards.

Please charge my: Master Card ☐ Visa ☐ CAF Card ☐

Card No ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date ☐☐/☐☐

Security Code ☐☐☐ (These are the last three digits of the number that appears on the signature strip of the card)

Name as appears on credit card: ....

Signature: ..... Date: .....

REGULAR DONATIONS (Bricks and Mortar Campaign) - Standing Order Mandate

Name of Bank: .....

Your branch name and address:.....

Branch Sort Code: ..... Your Account Number: .....

Please credit the Encephalitis Society – Account Number 00082576 at CAFBank Ltd 40-52-40

The sum of £ .....

On the (day and month) .....each month/year

This represents the first payment from your account

Signature: ..... Date: .....

Please return to: Encephalitis Resource Centre, 7B Saville Street, Malton, YO17 7LL

DONATIONS