

1 Title: _____ Initials: _____ Surname: _____

Full home address: _____

Postcode: _____ Daytime telephone number: _____

Please provide your email address: _____

Please update me by email on campaigns, appeals and simple ways I can support people living in poverty. If you have previously signed up for email updates, we'll continue to contact you in this way. You can change your communication preferences at any time by contacting us at cafod@cafod.org.uk or 0303 303 3030. **CAFOD will never share your details for marketing.** For details, see cafod.org.uk/privacy

I would like to give £ _____ per month **OR:** per quarter per year

Please debit my account on the 7th 14th 21st 28th (CAFOD cannot accept alternative payment dates)

2 Gift Aid declaration

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

Gift Aid is reclaimed by CAFOD from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer – **please print your name in full here:**

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I want to Gift Aid any donations I make in the future or have made from 6th April 2018 to CAFOD. 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. **OR:** Please notify CAFOD if you are now **not** a UK taxpayer.

R125308

3 **CAFOD**
Catholic Agency for Overseas Development

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

Please fill in the whole form using a ballpoint pen and send to:
CAFOD, Romero House, 55 Westminster Bridge Road, LONDON, SE1 7JB



Name and full postal address of your Bank or Building Society

To: The Manager _____

_____ Bank/Building Society

Address: _____

_____ Postcode: _____

Name(s) of account holder(s)

Bank/Building Society account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Branch sort code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Service user number

<input type="text" value="9"/>	<input type="text" value="7"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
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Reference

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Instruction to your Bank or Building Society

Please pay CAFOD 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 CAFOD and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s): _____

Date: _____

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

Thank you for your support

Please fill in the whole form using a ball point pen and send to: **Freeport CAFOD**

Telephone: 0303 303 3030 Email: supportercare@cafod.org.uk cafod.org.uk