



**1** Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 Post town: \_\_\_\_\_  
 Postcode: \_\_\_\_\_ Daytime telephone number: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 I would like to receive more information on CAFOD and its work via email.  
 I would like to give £ per month \_\_\_\_\_ OR: per quarter  per year   
 Please debit my account on the 7th  14th  21st  28th

**2 Gift aid declaration** *giftaid it*  
 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:  
 \_\_\_\_\_  
 I want to Gift Aid any donations I make in the future or have made from 6th April 2012 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:  I am not a UK taxpayer. R121945

**3**  **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**

<p><b>Name and full postal address of your bank or building society</b></p> <p>To: The Manager _____          _____ Bank/building society</p> <p>Address: _____          _____</p> <p>_____ Postcode: _____</p> <p><b>Name(s) of account holder(s)</b></p> <p>_____</p> <p><b>Bank building society account number</b></p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table> <p><b>Branch sort code</b></p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>															<p><b>Service user number</b></p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;">9</td><td style="width: 25px;">7</td><td style="width: 25px;">3</td><td style="width: 25px;">2</td><td style="width: 25px;">3</td><td style="width: 25px;">9</td> </tr> </table> <p><b>Reference</b></p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p><b>Instruction to your bank or building society</b>          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.</p> <p>Signature(s): _____          _____</p> <p>Date: _____</p> <p><b>Banks and building societies may not accept Direct Debit Instructions for some types of account</b></p>	9	7	3	2	3	9																				
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*Thank you for your support*

Please fill in the whole form using a ball point pen and send to: **Freeport RSHJ-KJBY-YXLT, CAFOD, Romero House, 55 Westminster Bridge Road, London SE1 7JB.**  
 Telephone: 020 7733 7900 Email: [regulargiving@cafod.org.uk](mailto:regulargiving@cafod.org.uk) [cafod.org.uk](http://cafod.org.uk)

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 CAFOD will process your information in accordance with the Data Protection Act and we may contact you. We do not share your information. For details visit: [cafod.org.uk/privacy](http://cafod.org.uk/privacy)