Yes, I want to help people affected by HIV and AIDS by making a donation to **Crusaid**

Crusaid HIV & AIDS: help & hope for people in poverty

Title _____

First name _____ **Surname** _____

Address _____

_____

_____

Postcode _____

Email _____

Telephone _____

Date _____

Please return this form to us (NOT your bank) at:
Crusaid FREEPOST SW5453 LONDON EC2B 2BR
You don't need to use a stamp, but if you do it will save us money.

I would like to give: (Please tick)

£5 ☐ **£10** ☐ **£15** ☐ **£20** ☐ **£25** ☐ **Other £**_____ ☐

per month by Direct Debit

Please debit my account on the following day of the month:

1st ☐ 15th ☐ 25th ☐

We would like to keep you up-to-date with all of our work, by post, email, SMS and occasionally telephone. If you would prefer not to be contacted, please tick this box. ☐

giftaid it

If you are a UK taxpayer, the Government will add 28p to every £1 you donate to Crusaid at no extra cost to you. Please tick one box below to make your gift go further.

☐ I am a UK taxpayer and I would like Crusaid to reclaim the tax from the Inland Revenue on all donations I have made for the six years prior to this year (but no earlier than 6/4/2000) and all donations I make from the date of this donation until I notify you otherwise

Date: _____

*You must pay an amount of income and/or capital gains tax (in the UK) at least equal to the tax that the charity reclaims on your donations in the tax year (currently 28p for every £1 you give)

You're in control (please tick)

☐ I would like my gift to be used wherever the need is greatest

☐ I would like my gift to be used for the Crusaid Hardship Fund in the UK

☐ I would like my gift to be used for the International Fund, which is currently supporting projects in Africa (but may be extended to other areas in the developing world in the future)

Even if you restrict your gift to a particular area of work now, you can change your mind at a later date.

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

DIRECT Debit

Please fill in the whole form and send it to:

Crusaid
FREEPOST SW 5453
London
EC2B 2BR

Originator's Identification Number

6 4 7 6 2 2

FOR CRUSAID OFFICIAL USE ONLY
This is not part of the instruction to your Bank or Building Society

(GENERAL DDI)

Name(s) of account holder(s)

_____

_____

Bank/Building Society account number ☐☐☐☐☐☐☐☐

Branch sort code ☐☐☐☐☐☐

Name and full postal address of Bank or Building Society

To: The Manager Bank/Building Society

Address

Postcode

Instruction to your Bank or Building Society

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

Signature(s)

Date

Reference number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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.

DIRECT Debit

The Direct Debit Guarantee

- **This Guarantee is offered by all Banks and Building Societies that take 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 amounts to be paid or the payment dates change Crusaid will notify you 10 working days in advance of your account being debited or as otherwise agreed.**
- **If an error is made by Crusaid or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.**
- **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.**