My Regular Gift to Sands

Please complete all sections applicable, clearly and preferably in **black** ink and CAPITAL letters. Once complete send it to:
Sands, Victoria Charity Centre, 11 Belgrave Road, London SW1V 1RB

I wish to make a monthly gift to Sands of: ❑ £10 ❑ £20 ❑ £50 Other £:_____

I would like payments to be taken from my account beginning: 1st _____ (month)

If the collection falls within the next 21 days from receipt of this form the first payment will be collected the following month.

First Name **Last Name**

Home Address

Post Code

Tel (Day) **Mobile**

Email

This donation is made in memory of

Make your donation go further and be worth even more!

For any donation, Sands can reclaim the tax at no cost to you! This means for each £1 donated, Sands can reclaim 25p from HM Revenue & Customs; you just need to tick the Gift Aid box below. To allow us to claim Gift Aid on your donation, please read the fine print below, tick the Gift Aid box and print your name and home address, including your postcode clearly above. Your address is needed to identify you as a current UK Taxpayer

Gift Aid Declaration

❑ By ticking the box I confirm that I want to Gift Aid my regular donation of £_____ and any other donations I may make in the future or have made in the past 4 years to Sands, the stillbirth and neonatal death charity.
I confirm 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.

If you pay Income Tax at the higher or additional rate and want to receive the 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.

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

Originator's Identification Number 6 4 5 5 7 6 **Supporter Number**

Name(s) of Account Holder(s)

Bank/Building Society Account Number **Branch Sort Code**

Name and Full Address of your Bank/Building Society

Postcode

Instruction to Your Bank or Building Society – Please pay Sands 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 Sands and, if so, details will be passed electronically to my Bank/Building Society.

Signature **Date** **Signature** **Date**

This Guarantee should be detached and retained by the payer

The Direct Debit Guarantee

- ✓ This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- ✓ If there are any changes to the amount, date or frequency of your Direct Debit PSL re Sands will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request PSL re Sands to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- ✓ If an error is made in the payment of your Direct Debit, by PSL re Sands or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when PSL re Sands asks you to.
- ✓ You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.