

Please complete this form, and the Standing Order Form if appropriate, and return to:  
Awareness Foundation, Studio 3 Liscartan House, 127 Sloane Street London SW1X 9AS

## Friends of the Awareness Foundation

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

I will make a planned contribution to the work of the Awareness Foundation, of:

£ \_\_\_\_\_ each:  week  month  quarter  year

Starting on: \_\_\_\_\_ (date)

I wish to pay the donation:

by Standing Order from my bank (please complete the form to the right)

in Cash

by Cheque, made payable to Awareness Foundation

### GIFT AID

I am a UK taxpayer and would like to Gift Aid this donation so that the Awareness Foundation can reclaim tax on this and on any other donations that I may make in future. I shall tell the Awareness Foundation if I pay tax at less than the standard rate or if I no longer wish them to recover tax on a future donation. I understand that at present tax rates, this enables the Awareness Foundation to recover 25p for each pound that I give, at no extra cost or trouble to me.

Yes  No

(Please tick as appropriate)

Signed

\_\_\_\_\_

Date:

\_\_\_\_\_

**Data Protection Act:** The information you supply will be treated by us in confidence, and in accordance with the Data Protection Act it will not be passed to any third parties. From time to time we may contact you with details of events associated with the Foundation.

## Standing Order Form

To the Manager

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
\_\_\_\_\_

Please pay to the account of:

Awareness Foundation

146 Sloane Street

London, SW1X 9BZ

Account : Awareness Foundation No 1

At CAF Bank Ltd, 25 Kings Hill,

West Malling, Kent, ME19 4JQ

Sort Code: 40-52-40

Account No: 00016964

The Sum of \_\_\_\_\_ (in Figures)

\_\_\_\_\_ (in Words)

On the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

And on the same date in each

succeeding

\_\_\_\_\_ week \_\_\_\_\_ month \_\_\_\_\_ quarter \_\_\_\_\_ year

until further notice. Please debit

My Account: \_\_\_\_\_

Sort Code: \_\_\_\_\_

with each payment.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_