



DONATION FORM/BANKERS ORDER FORM/GIFT AID FORM

Name: _____

I enclose £ _____ as a donation for your work

Bankers Order (please print)

To The Manager _____ Bank/Building Society

Address of Bank: _____

_____ Postcode: _____

Please pay New Bridge £ _____ Monthly/Annually/Quarterly

Starting on _____ until further notice and debit my

Account No: _____

Name: _____

Address: _____

_____ Postcode: _____

Signed: _____

Gift Aid Declaration

Please complete this section if you would like us to reclaim the tax on your gift aid at no extra cost to you.

Full Name and Title: _____

Address: _____

_____ Postcode: _____

All donations that I make from the date of this declaration until I notify you otherwise should be treated as Gift Aid donations.

Signed: _____ Date: _____

You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year.

**Please return to:
New Bridge
27a Medway Street
London, SW1P 2BD**

