

Yes, I would like to help unpaid carers this summer!



No unpaid carer in crisis

Please complete this form and return it to the address overleaf. Or donate online at caringtogether.org/summer



My details

Name

Address

.....

.....

Postcode

Email address

I am happy for you to contact me by email

I would like to receive your regular email newsletter



My regular donation

I would like to become a **Carer Friend**, giving a regular monthly gift of:



£3 per month £10 per month £20 per month £_____ per month

on the 1st 15th of the month **(Please complete the reverse of this form)**

My single donation

I am enclosing my single gift (made payable to Caring Together Charity) of:



£5 which could help us buy a picnic lunch for a group of carers

£10 which could contribute to coach travel for a day out

£20 which could help cover entry costs to a zoo or park farm for young carers

My own amount of £_____

Gift Aid

If you are a UK taxpayer, Gift Aid increases the value of your donation by 25p of Gift Aid for every £1 you donate, at no cost to you.

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Yes, I am a UK taxpayer. Please treat all donations I make or have made to Caring Together Charity* for the past four years as Gift Aid donations until further notice. (*also known as Caring Together, Registered Charity No. 1091522).

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 to charities and community amateur sports clubs (CASCs) in that tax year, it is my responsibility to pay any difference.

Please let us know if you want to cancel the declaration, change your name and/or address or no longer pay sufficient tax on your income and/or capital gains.

My Direct Debit



Instruction to your bank or building society to pay by Direct Debit.

Please fill in the whole form and send it to:

Caring Together Charity, L D H House, Parsons Green, St Ives, Cambridgeshire PE27 4AA

Service user number

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Name(s) of account holder(s)

Bank/building society account number

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Branch sort code

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Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Reference

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Instruction to your bank or building society

Please pay Caring Together 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 Caring Together and, if so, details will be passed electronically to my bank/building society.

Signature(s)
Date

Banks and building societies may not accept Direct Debit instructions for some types of account.

Thank you for your wonderful support!

We promise to keep your personal information secure.

Our privacy policy is available at caringtogether.org/privacy-policy

