

# Donation Form

## PERSONAL INFORMATION:

Title:  Name:

Address 1:

Address 2:

Postcode:  Email:

We like to keep in touch with our donors with news & updates. Please tick if you are happy for us to contact you via post:  via email:   
We take your privacy seriously - your information is safe with us. Our privacy policy is at [www.familycounsellingtrust.org/privacy](http://www.familycounsellingtrust.org/privacy)

## YOUR DONATION:

I wish to make a (please tick appropriate):  monthly donation  annual donation  one-off donation

I wish to contribute:  £20 (could provide family liaison support for a family at a difficult time)  
 £50 (could provide one off support for more complex cases)  
 £250 (could provide a full course of counselling for a low income family)  
 £1000 (could provide a full course of counselling for four families)  
 another amount of: £

I wish my donation to go to FCT:  Dorset  Hampshire  Somerset  Wiltshire  All counties

## GIFT AID:

If you are a current UK taxpayer and eligible to Gift Aid your donation, please confirm by signing below. This will increase your gift by 25p for every £1 given (at current rate), at no extra cost to you or us.

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. I want the above named charity to treat the donation of £..... that I made on .....and all subsequent donations I have made since then, or, until further notice, will make, as Gift Aid donations.

Signature:  Date:

Notes to Donor about Gift Aid Donations: You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity claims on your donations in the tax year. Please notify this charity if you wish to cancel this declaration, change your name or home address or no longer pay sufficient tax on your income and/or capital gains. If you pay tax at the higher rate you can claim relief at the higher rate element on your Gift Aid donations.

## PAYMENT:

I wish to pay the amount stated above:  by cash/cheque. Please make cheques out to Family Counselling Trust. (enclosed)  
 by bank transfer and have paid directly to FCT's bank account (details below)  
 Family Counselling Trust, Lloyds Bank: Sort Code: 30 - 92 - 69, Account No: 01309282  
 by standing order (please use form below)

## BANKER'S STANDING ORDER FORM FOR REGULAR DONATIONS:

To the Manager of:..... bank. Address:.....

Please set up the following Standing Order and debit my/our account as follows:

Account name:  Account no:  Sort Code:

Payee: Family Counselling Trust, Family Counselling Trust, Lloyds Bank plc, Dorchester, Dorset

Sort Code: 30-92-69, Account No: 01309282 the sum of £  on receipt of this form,

& thereafter on  date of each month OR annually on  (please delete as appropriate).

Signature:..... Date:.....

THANK YOU FOR YOUR DONATION