



I/We wish to make a monthly gift of:  £5  £10  £15 Other

I would like the payments to be taken from my account on:

1st  14th \_\_\_\_\_ (month). Please make the start date at least one month from today.

| Your details |            |
|--------------|------------|
| Name:        |            |
| Address:     |            |
|              |            |
| Postcode:    | Telephone: |
| Email:       |            |

We would love to keep you up to date with information on the charity, our services and fundraising. Please let us know how you would like to hear from us:

- I am happy to receive occasional information by post.       I am happy to receive updates by email.  
 I am happy to be contacted by telephone.                       Please do not contact me in any way.

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



|                 |                       |
|-----------------|-----------------------|
| To: The Manager | Bank/Building Society |
| Address         |                       |
| Postcode        |                       |

Name(s) of account holder(s)

Branch Sort Code

Bank/Building Society account number

Originator's identification number: **9 4 8 8 5 6**

**Instruction to your Bank or Building Society**

Please pay Friends of the Elderly 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 Friends of the Elderly 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 from some types of accounts.

**Make your gifts worth 25% more with Gift Aid**



- I want Friends of the Elderly to claim Gift Aid on my donation, any donations I have made in the past 4 years, and those I make in the future, until I tell you otherwise. 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 the difference. I will tell you if I am no longer eligible to claim Gift Aid or if my name or address change.

Date \_\_\_\_\_

**Thank you for your support**

Please return this form to: Supporter Services, Friends of the Elderly, Freepost RTJY-UZKU-BLSE, 40-42 Ebury Street, London SW1W 0LZ

020 7730 8263    www.fote.org.uk    enquiries@fote.org.uk    Registered charity number 226064