

DONATION FORM

Please print out this form and post it to:

The Passage, St Vincent's Centre, Carlisle Place, London SW1P 1NL.

I would like to give: £15 £40 £100 or other £ _____

- Please make cheques / CAF vouchers payable to **The Passage**
- Please debit my Credit Card (Visa / Mastercard only) / CAF Card (please circle)

CARD NO.

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EXPIRY DATE

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CARDHOLDER'S NAME (Please print) _____

SIGNATURE _____

Mailing name: _____

Address: _____

_____ **Postcode** _____

Telephone: _____

Email: _____

GIFT AID DECLARATION

I am a UK tax payer. I would like all donations I have made to The Passage since 6 April 2002 and all future donations to be Gift Aid donations until I notify you otherwise. I pay UK tax at least equal to the amount that The Passage will reclaim on my donation.

Signed _____ Date _____

OR I am not a UK taxpayer / I do not wish to take part in gift aid (please circle)