



Registered Charity no 1094586

DONATION FORM

- I enclose a donation of £.....(cheque/postal order payable to The Drinkaware Trust)
Full Name and Title (Mr/Ms etc).....
Address.....
..... Postcode
Email address:.....(Please tick box if you would like a receipt)
 I would like to make a regular donation by banker's order (see form below) for £.....
 I would like to make a donation of £by CAF CharityCard no:
Expiry date Signature.....

BANKER'S ORDER

To:
.....(Name and address of your Bank or Building Society)
From: (Title) (Forename) Surname
Address:
..... Postcode
Account Name:.....Account Number.....
Please pay £..... on the first day of (month/year) and monthly/quarterly/
annually* (delete as applicable) thereafter until further notice to:
CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4JQ.
For Account name: The Drinkaware Trust, Account No: 00010232, Sort Code: 40-52-40
Your signature: Date:.....
Please send this form to The Drinkaware Trust and we will send it to your bank or building society.

GIFT AID DECLARATION

If you are a UK tax payer, please sign this Gift Aid Declaration so we can claim back tax on your donation(s) - currently 28p in the £.

- I would like The Drinkaware Trust to treat my donation(s) as Gift Aid donation(s)
NB. Please let us know if you stop paying tax or wish to withdraw from this declaration.
Your signature: Date:.....

Please return this form to: The Drinkaware Trust, 7-10 Chandos Street, London, W1G 9DQ.

THANK YOU