Regular gifts enable us to plan better for the future



Your details

	Title	Forename(s)	Surname	
	Home Address	S		
	Town/City		Postcode	
			Email	
	l would lik	e to make a re	egular donation of: (usually collected 1st o	of month
		4 □ £25 □ My □ Quarterly □ A	y choice of £ Annually	
	Bank/Buildin	g Society Accour	nt Number Branch Sort Code	
	Name(s) of a	ccount holder(s)		
	Name and ac	ldress of your Ba	nk/Building Society	
	To the Man	ager		
	Bank/Build	ing Society		
	Address			
	Town/City		Postcode	
-	10 Will City		1 0300000	

For contact preferences please see overleaf.

Privacy statement: Place2Be takes privacy very seriously. We follow all regulations to ensure your data is safe and secure. We will never sell or share your data with other organisations for their own purposes. For our full privacy statement please visit www.place2be.org.uk or contact our team on 020 7923 5593.

Please return this form to: Place2Be, 175 St John Street, London EC1V 4LW

giftaid it

Increase the value of your donation by 25% at no cost to you through Gift Aid

☐ I am a UK tax payer*

Please treat all donations I make or have made to Place2Be in the past 4 years as Gift Aid donations until further notice.

I am not a UK tax payer

*Please be aware that if you pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all of your donations in that tax year it is your responsibility to pay any difference. Place2Be will claim 25p on every £1 donated. Gift Aid cannot be reclaimed if you are paying in other people's donations or donating on behalf of a company.

Service User Number

839117

Instruction to Bank or Building Society

Please pay Place2Be 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 Place2Be and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date



My one off donation

Each school day, thousands of children and parents tell us about the difficult challenges they face, from bereavement to bullying, from violence to substance abuse at home. We rely on your support to reach these families.

Your detai	ls	
Title	Forename(s)	Surname
Home Addr	ess	
		Postcode
		Email
☐ I do want	references to receive information ant to receive appeals	n about fundraising activities and events by email s through the post.
Here is my	gift of: 🗌 £7 🗀	£20
By credit/ Please charg	debit card	ıy Visa/Mastercard
Card number		
3-digit secur	ity code V	alid from/ Expiry date/
Signature		
☐ Please tio☐ I enclose	•	t require an acknowledgment
Please return	n vour details to: Plac	e2Re 175 St John Street London FC1V 4LW

If you have any questions please email friends@place2be.org.uk

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9
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25% at no cost to you through Gift Aid
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£7 could pay for a child to attend a lunchtime drop-in session to talk about their anxieties.

£20 could pay for a parent counselling session, often the only source of support received.

£50 could train a volunteer to work with vulnerable children suffering bullying, bereavement or depression.

If you would like to learn about Gifts in Wills please tick here:

