

Please complete all details and return this form to 4Sight Vision Support, 36 Victoria Drive, Bognor Regis, PO21 2TE.

CHARITABLE GIVING DECLARATION

To make your gift worth more, simply fill in the details below and tick the box to indicate you have read the Gift Aid declaration.

I am a UK taxpayer and I would like 4Sight Vision Support to treat all donations I make with Gift Aid. I 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.

Date	
Address
Signature	
Full name	

Please advise us if you want to cancel this declaration, or of any other changes to your name, address or if you stop paying sufficient tax.

BANKERS STANDING ORDER MANDATE FOR DONATION TO 4SIGHT VISION SUPPORT

Bank Name..... Branch

Bank Address

.....

Sort code.....Account Number.....

Account Name..... I authorise the payment of £.....on
 (date of 1st payment) and thereafter on the same date each
 (month/quarter/year), until countermanded by me, to the account of
 4Sight Vision Support at
 CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4JQ

Account No: 00029420, Sort Code: 40-52-40

Signature Date