

## I would like to make a one off donation of:

- £40** - Could enable us to carry out a dedicated assessment to identify magnification, techniques and products to help with everyday tasks such as reading, shopping and preparing meals.
- £25** - Could enable us to run one of our online activities, bringing people together to connect with and support each other. Activities include fun online quizzes, to practical tech advice.
- £11** - Could enable us to send one of our informative newsletters, available in large print, audio or Braille, to 10 people.
- Other amount:

I enclose a cheque made payable to **4Sight Vision Support**

**OR**

## I would like to make a regular donation by standing order:

£  every:  month  quarter  year.

Please complete these details:

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Sort code   -   -   Account Number

Name of Account holder: \_\_\_\_\_

I authorise the payment on: \_\_\_\_\_ (date of 1st payment) and thereafter on the same date each month/quarter/year as stated above.

You can cancel this at any time by contacting your bank directly.

Our bank details: 4Sight Vision Support at CAF Bank Ltd. Account No: 00029420, Sort Code: 40-52-40

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## My Details:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

## Gift Aid it

### **Boost your donation by 25p for every £1 you donate!**

*(Please tick all that apply):* I am a UK taxpayer and I would like 4Sight Vision Support to treat this donation , all my gifts in the last four years , and all donations I make in the future  as Gift Aid.

I do not pay sufficient tax / do not wish to Gift Aid my donation.

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.

Please notify us of any changes to your name and address, or if you stop paying sufficient Income / Capital Gains tax or if you wish to cancel this declaration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Keeping in touch

By making a donation the details you provide will be stored on our database. They will only be used to process and contact you in relation to your donation. In the future we would like to let you know about the vital work we do for people living with sight loss and opportunities to support us. We will never sell or share your data and we promise to keep your data safe and secure.

Please tick the boxes below to tell us all the things you would like to hear about and how you would prefer to hear from us:

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Volunteering                      | <input type="checkbox"/> Post      |
| <input type="checkbox"/> Future Events                     | <input type="checkbox"/> Email     |
| <input type="checkbox"/> Campaigns & Appeals               | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Leaving a gift in my Will         |                                    |
| <input type="checkbox"/> Please don't send me anything new |                                    |

Please return this form, along with any cheques to:

Fundraising Team, 4Sight Vision Support, 36 Victoria Drive,  
Bognor Regis, West Sussex, PO21 2TE

---

**Internal use only:** Received by: ..... Date received: ..... DF number: .....

Processed onto DF by: ..... Date: ..... Thanked by: ..... Date: .....