

Donation Form



Title: _____ First Name: _____ Surname: _____

Address: _____

_____ PostCode: _____

Telephone: _____ Email: _____

If you are happy to be contacted by phone or email please provide your details in the space provided above.

I would like to make a donation of £ _____ and I enclose a cheque made payable to The Bereavement Counselling Charity.

Signature(s): _____ Date: _____

Make your gift worth more at no extra cost to you!

If you are a UK tax payer, The Bereavement Counselling Charity can claim an additional 25p for each £1 that you donate. Please tick the appropriate box below to confirm your consent and tax status.

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- I am a UK tax payer. Please treat all donations I make as Gift Aid donations until further notice. I understand that I must pay UK income or capital gains tax, at least equal to the amount of tax reclaimed on my donations in each tax year (currently 25p for each £1 given).
- I am not a UK tax payer and my donations are not eligible for Gift Aid.

Please notify us of any change to your name, home address or tax status.

Please return to:

The Bereavement Counselling Charity
PO Box 250
Petersfield
Hampshire GU32 9EJ

Charity Gift Aid Number: ZD12581

Thank you