Supporting The Children's Heart Federation with a gift in memory

1. Please tell us who you are

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other: _____

First name: _____ Surname: _____

Address: _____

_____ Postcode: _____

Telephone: _____ Email: _____ Donation in memory of: _____

By providing your details you are agreeing that we may use them to send you information about our fundraising and other activities. If you DO NOT wish to receive this information please tick the box. ☐

2. Fill in the direct debit form

☐ £10 will supply the parent of a heart child with a detailed information pack.
☐ £50 will contribute to the running of our telephone helpline
☐ £670 will provide specialist medical equipment for a heart child

Or your choice of £ _____

Starting on 1st ☐ or 15th ☐ of __ / ____
and afterwards on the same day
monthly ☐ quarterly ☐ annually ☐

Please pay the Children's Heart Federation 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 the Children's Heart Federation and that details will be passed electronically to my Bank / Building Society. Direct Debit instructions may not be accepted for some kinds of account.

DIRECT Debit

Instruction to your Bank or Building Society
Name of account holder(s): _____

_____

Account Number ☐☐☐☐☐☐☐☐

Branch sort code ☐☐☐☐☐☐

Signature: _____

Date: _____

Originator's identification number 6 8 6 5 2 3
Reference (office use only) _____

3. Give a cash gift

I would like to give a cash gift of £_____
I enclose a ☐ cheque ☐ postal order ☐ CAF voucher (Please make cheques payable to The Children's Heart Federation)

Please debit my ☐ credit card ☐ debit card ☐ CAF charity card

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Start Date ☐☐/☐☐ Expiry Date ☐☐/☐☐ Issue No. ☐☐
Maestro Only

4. Gift Aid

The Children's Heart Federation can reclaim 28p on every £1 donation. Please tick one box.

☐ I am a UK taxpayer I wish all donations I have made for the six years prior to this year and all I make from the date of this declaration until I notify you otherwise, to be treated as Gift Aid donations.

Today's Date __ / __ / ____

☐ I am not a UK taxpayer

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Please return this form to: The Children's Heart Federation, Level One, 2-4 Great Eastern Street, London EC2A 3NW.

Or email **info@chfed.org.uk**

children's heart FEDERATION

www.chfed.org.uk

Registered Charity Number: 1120557