



THANK YOU for making a donation to The Chisholme Institute. The continuing development of Chisholme has always been dependent on the spirit of generosity. Personal donations small and large, have enabled the Institute to be owned by no-one and by everyone.

Please complete the form below including the gift aid declaration if applicable. Then choose from the options on the right.

DONATION FORM *Block capitals please*

Name in full

Address

..... Post/Zipcode

Email

Tel *Please include me in the mailing list*

ALLOCATION OF GIFT

Please allocate my donation to the following project

or apply my gift to the area of greatest need.

gift aid it

GIFT AID

As a charity we can reclaim tax paid on gifts from UK taxpayers. Please sign the declaration below. It covers all donations made from 6 April 2000 onwards. Please inform us of any changes to your tax status or address.

Declaration

I declare that I am a UK taxpayer and would like the Chisholme Institute to treat all donations I have made since 6th April 2000 and all donations I make hereafter as Gift Aid Donations. I declare that I pay an amount of income tax and/or capital gains tax equal to the amount deducted from my donations in the tax year.

Signature: Date:

1. BANKER'S ORDER – *if you have a UK bank account*
 PLEASE RETURN THE WHOLE COMPLETED FORM TO CHISHOLME HOUSE – NOT TO THE BANK

Please fill in the name and address of your bank:
 To Bank PLC
 Sort Code Address
 Postcode

Please pay to: Lloyds TSB Bank PLC, 113 Leadenhall Street, London EC3A 4AX for the credit of The Chisholme Institute, account 00412112 sort code 30-94-92

The sum of £ / *in figures and words*
 every month/year/quarter (choose one) commencing on date: / /
 for years/months or until further notice *Please indicate*
 and debit my account number:

Signature:

Office only: *To the bank – please quote this Ref. when making payments* [.....]

2. REGULAR CARD PAYMENTS Visa Master/Eurocard Debit

I authorise the Chisholme Institute to deduct regular payments from my credit/debit card

The sum of £ / *in figures and words*
 every month/year/quarter (choose one) commencing on date: / /
 for years/months or until further notice *Please indicate*

Name on card

Card number

Expiry date / 3-digit security code *Please advise us when your card is renewed.*

Signature:

3. SINGLE DONATION Visa Master/Eurocard Debit

Name on card

Card number

Expiry date / 3-digit security code *Payment in GBP at current exchange rates.*

Signature: Amount £/\$/€

I enclose a cheque payable to The Chisholme Institute or payment in **cash**