

THE OASIS CENTRE – CORNWALL

Registered Charity No. 1139355



DONATION FORM

I would like to donate £ _____ as a “one-off” / weekly / monthly / quarterly / annual payment.
(Please circle ONE choice above and tick ONE of the two boxes below.)

I would like tax to be reclaimed on my donation under the Gift Aid Scheme. I am a UK tax payer and 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.

This is NOT a Gift Aided donation.

I would like to pay by Cash / Cheque / Standing Order and enclose the Cash / Cheque / Standing Order Mandate for the Bank. (Please circle ONE choice above. A Cheque should be made payable to ‘The Oasis Centre – Cornwall’.)

Signed: _____ Date _____

PLEASE PRINT

Your Title:

Your First Name or initial(s):

Your Surname:

Your Full Home Address (This is needed to identify you as a current UK taxpayer.):

Your Post Code:

Your Telephone Number: *

Your Email address: *

** This information is not essential but is useful if we need to contact you.*

Please send this response form, your payment and/or Standing Order form to: -
The Oasis Centre – Cornwall, 26, Fore Street, St Columb Major, Cornwall, TR9 6RH
Any Queries? Please call 01637 889682

Notes – Please tell us if you:

- want to amend or cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Thank you for supporting The Oasis Centre – Cornwall.

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STANDING ORDER MANDATE

PLEASE PRINT

To (Name of Your Bank):

Postal Address:

Postcode:

Your Bank's Sort Code: - -

Please pay: **LLOYDS BANK PLC**
Sort Code: **30-98-76**
For the credit of; **THE OASIS CENTRE – CORNWALL**
Account Number: **27684168**

The sum of: (in words) _____ Pounds

Date of the first payment _____

and thereafter the same sum (please tick ONE box)

Monthly → Quarterly → Annually

until further notice and debit my account accordingly.

Name(s) of account-holder(s):

Account Number:

Signed: _____ Date: _____

PLEASE PRINT

Your Name:

Your Address:

Please send this form to:

The Oasis Centre – Cornwall, 26, Fore Street, St Columb Major, Cornwall, TR9 6RH

We will send it on to your bank.