



CHARITY REGULAR GIVING DIRECT DEBIT AND GIFT AID FORM
CHARITY NUMBER SC040399

www.chromosome18eur.org

NAME

ADDRESS

I/WE AUTHORISE THE FOLLOWING PAYMENT OF £5 £10 £15 £20 OTHER AMOUNT OF £
TO BE PAID ON ..... OF EACH MONTH TO THE FOLLOWING ACCOUNT
PLEASE PAY CHROMOSOME 18 REGISTRY & RESEARCH SOCIETY (EUROPE) THE SUM OF .....

..... (AMOUNT IN WORDS)

ACCOUNT NAME CHROMOSOME 18 REGISTRY & RESEARCH (EUROPE)
ACCOUNT NUMBER 00018616
SORT CODE 40 52 40
IBAN NUMBER GB88CAFB40524000018616

GIFT AID YOUR DONATION Chromosome 18 are able to claim an extra 25p from HM Revenue and Customs on every £1 you donate at no extra cost to you. I confirm that I wish that the Charity treat as Gift Aid Donation all qualifying gifts of money made today and in the future. I also confirm that I have or will have paid an amount of Income Tax or Capital Gains Tax for each tax year 6th April - 5th April that is at least equal to the amount of tax that the Charity will reclaim on my gifts for that tax year. I understand that the Charity will reclaim 25p on every £1 that I donate. Please ensure that the Charity is notified of any change of address or you no longer pay sufficient tax on your income to the HM Revenue & Customs.

SIGNED ..... DATE .....

INSTRUCTIONS TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

Form with fields: TO THE MANAGER, BANK/BUILDING SOCIETY, ADDRESS:, NAME ACCOUNT HOLDER(S), and footer: CHROMOSOME 18 REGISTRY & RESEARCH SOCIETY (EUROPE) 1 CHANCELLERY MEWS RISBYGATE STREET BURY ST EDMUNDS SUFFOLK IP333AB www.chromosome18.org