

RARE CHROMOSOME DISORDER SUPPORT GROUP  
Registered Charity No: 1024624

*Unique*

*giftaid it*

For UK taxpayers only. Using Gift Aid means that for every pound you give, **Unique** gets an extra 28 pence from the Inland Revenue, helping your donations go further. This means that £10 can be turned into £12.80 just so long as donations are made through Gift Aid.

First Name

Surname

Address

Postcode

I want to Gift Aid all donations I have made to **Unique** since 6 April 2000 and all donations I make in the future until I notify you otherwise.

Signed..... Date.....

To qualify for Gift Aid, what you pay in income tax or capital gains tax must at least equal the amount we will claim from your donation in the year.

**AUTHORITY TO SET UP STANDING ORDER**

To \_\_\_\_\_ Bank

*Unique*

(Full address, including Postcode)

Rare Chromosome Disorder Support Group

Please set up the following Standing Order and debit my/our account accordingly:

**Your Account details:**

Account Name

Account Number

SortCode

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**To pay:**

Account Name

Account Number

SortCode

|  |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|
| <b>Unique</b>                          |   |   |   |   |   |   |   |
| Rare Chromosome Disorder Support Group |   |   |   |   |   |   |   |
| 1                                      | 3 | 4 | 4 | 7 | 6 | 3 | 7 |
|  |   | 0 | 1 | 0 | 3 | 6 | 9 |

**Payment Details:**

Amount of payment

Amount in words

Day or Date of payments

Frequency

Commencing

Expiry Date

|  |                         |
|--|-------------------------|
| £                                      |                         |
|  |                         |
|  |                         |
| Monthly / Quarterly / Yearly           | (delete as appropriate) |
| Now or Date ____/____/____             | (delete as appropriate) |
| ____/____/____ or until further notice | (delete as appropriate) |

**Confirmation:**

I/We acknowledge the Bank will not undertake to:

1. make any reference to Value Added Tax or other indeterminate element
2. advise beneficiary of inability to pay
3. request beneficiary's banker to advise beneficiary of receipt

Customer(s) Signature(s)

Date:

Please return to: Julie Griffin – **Unique**- Treasurer, 179 Bakers Ground, Stoke Gifford, Bristol BS34 8GE