

# Theatre Alibi

## Regular Donation Form

*giftaid it*

CAF Unique Ref No.: **FS2780**

Using Gift Aid means that for every pound you give, we get an extra 28 pence from the Inland Revenue, helping your donation go further.

This means that £10 can be turned into £12.80 just so long as donations are made through Gift Aid. Imagine what a difference that could make and it doesn't cost you a thing.

So if you want your donation to go further, Gift Aid it. Just complete this form and send it back to us.

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

*I wish all donations I have made for the four years prior to this year, and all donations I make from the date of this declaration until I notify you otherwise, to be treated as Gift Aid donations*

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

Your details will be held on a database at Theatre Alibi. From time to time we may wish contact you to update you on our work and activities. If you do not wish to receive these mailings, please tick the boxes below:

If you do not wish to receive postal mailings or e-mails relating to our work for children, please tick here:

If you do not wish to receive postal mailings or e-mails relating to our work for adults, please tick here:

**thank you**

### I WISH TO MAKE A REGULAR DONATION BY DIRECT DEBIT OF

£ \_\_\_\_\_ monthly / quarterly / annually. Commencing \_\_\_\_\_ 20\_\_

Please complete the mandate below.

#### Instruction to your Bank or Building Society to pay by Direct Debit



Please send this completed instruction to:

Theatre Alibi  
Emmanuel Hall  
Emmanuel Road  
Exeter  
Devon EX4 1EJ

Service User No. **6 9 8 4 9 0**  
CAF Kings Hill West Malling Kent ME19 4TA

CAF Ref No. **FS2780**

Name(s) and address of account holder(s)

Mr/Mrs/Miss/Ms

Address

Postcode

Bank/Building Society account number

□ □ □ □ □ □ □ □

Branch Sort Code

□ □ - □ □ - □ □

Name and full postal address of your Bank/Building Society

To: The Manager

Address:

Postcode

FOR CAF OFFICIAL USE ONLY – This is not part of the instruction to your Bank/ Building Society.

Date of first payment on or after;

□ □ / □ □ / □ □ □ □

**Instruction to your Bank or Building Society.** Please pay CAF Re Theatre Alibi 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 CAF Re Theatre Alibi and if so, details will be passed electronically to my Bank/Building Society.

Signature

Date:

□ □ / □ □ / □ □ □ □

*Banks and Building Societies may not accept Direct Debit Instructions for some type of accounts.*

This guarantee should be detached and retained by the Payer

#### The Direct Debit Guarantee



- This guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit, CAF Re Theatre Alibi will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request CAF Re Theatre Alibi collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by CAF Re Theatre Alibi or your Bank or Building Society, you are entitled to a full and immediate refund of the amount paid from your bank or building society – If you receive a refund you are not entitled to, you must pay it back when CAF Re Theatre Alibi asks you to
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Written confirmation may be required. Please also send a copy of your letter to us