Standing Order Form

Yes, I would like to help bereaved children by making a regular donation

Please complete the details below and return the form to Daisy's Dream, NOT to your bank

Daisy's Dream
Supporting bereaved children and their families

My contact details

Title Mr / Mrs / Miss / Ms / Other...

First Name

Family Name

Address

Postcode

giftaid it

Please make every pound you give worth 28% more, at no extra cost to you, by signing this Gift Aid declaration. To Gift Aid your donation you must pay income and/or capital gains tax at least equal to the tax that Daisy's Dream will reclaim on your donations in the tax year. This is currently 28p for every £1 you give.

I would like Daisy's Dream to reclaim tax on all donations I have made since 6th April 2000 and any donations I may make in future, until I notify you otherwise.

Signed

Date

Please let us know if you change your address or cease to become a UK taxpayer.

To the Manager

Bank Name and address

Post Code

Account name (s)

Account number

Sort Code

Please pay Daisy's Dream

£ **Each month/quarter/year***

***(delete as appropriate)**

Starting On / /

and debit my/our account accordingly

Signature

FOR BANK USE ONLY:
Please make payment to Daisy's Dream at NatWest,
1 Church Street, Twyford, Reading RG10 9DP
Account number 13240463 Sort Code 60-17-21

Thank you for your support.

Please return this form to: Daisy's Dream, PO Box 4738, Twyford, Reading, RG10 9GT

Telephone: 0118 934 2604

Daisy's Dream is a registered charity 1067739