



The Association for Children with Hand or Arm Deficiency

Regular Donation Form

Do not send this form to your bank

Please fill in this form and then return it to:

Reach Head Office, PO Box 54, Helston, Cornwall, TR13 8WD

Personal Details

Full Name

Address

Postcode

Standing Order

Please pay £ _____ per _____ r Month _____ Quarter _____ Year _____ to the charity

Reach the Association for Children with Hand and Arm Deficiency (CAF Bank, 25 Kings Hill Ave, Kings Hill, West Malling, Kent, ME19 4JQ Account No. 00008039 Sort Code 40-52-40)

Commencing ON (date) _____ until notified in writing by me.

Name of Building Society/Bank

Branch Address

Account No

Sort Code

Name of Account Holder

Signature(s)

Date

Office Use only
Our Reference _____

Gift Aid Declaration I am a UK taxpayer and want Reach to treat all donations I make on or after the date of this declaration as Gift Aid donations. You must pay an amount of income tax and/or capital gains tax at least equal to the tax Reach reclaims on your donations in the appropriate tax year. (currently 28p for each £1 you give)

Signature

Date