



**Please complete this form and return it to Sight Support West of England, St Lucy's Sight Centre, The Beeches, Browfort, Bath Road, Devizes SN10 2AT.**

### **Your Details**

Title: \_\_\_\_\_ First name or initial(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Full home address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

**I would like to make a regular donation.**

Please pay **Sight Support West of England**, St Lucy's Sight Centre, The Beeches, Browfort, Bath Road, Devizes SN10 2AT. **CAF Bank (Sort code 40-52-40, Account number 00032105)** the sum of £\_\_\_\_ every month/quarter/year (**please circle**) until amended or cancelled, starting \_\_ (DD)/\_\_(MM)/\_\_\_\_(YYYY)

### **Instruction to your bank or building society:**

#### Your Bank Details

Bank Name and Address	
Sort Code	
Account Number	
Name on the Account	
Signature	
Date	

**Please turn over for a Gift Aid Declaration, if applicable.**

Tel 01380 723682, Email [info@sightsupportwest.org.uk](mailto:info@sightsupportwest.org.uk)

Sight Support is the operating name of Vision West of England, Registered charity No 1178384  
Registered Office: St Lucy's Sight Centre, The Beeches, Browfort, Bath Road, Devizes, Wiltshire, SN10 2AT



## Gift Aid declaration

Boost your donation by 25p of Gift Aid for every £1 you donate!

Please treat as Gift Aid donations all qualifying gifts of money made to Sight Support West of England today  in the past 4 years  in the future  (Please tick all boxes you wish to apply)

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

### Your details:

Title: \_\_\_\_\_ First name or initial(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Full home address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please notify the charity if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains.

If you pay income tax at the higher rate, you must include all your Gift Aid donations on your Self-Assessment tax return if you want to receive the additional tax relief due to you.