

# BOBATH CENTRE

FOR ADULTS WITH NEUROLOGICAL DISABILITY



Regular Giving form

Title	Mr / Mrs / Miss / Ms / Other _____	Address	_____
First name	_____		_____
Surname	_____		_____
DOB	DD / MM / YYYY	City/Town	_____
Telephone	_____	County	_____ Post Code _____
Email	_____		

## Banker's Order – instruction to your bank/building society to pay by banker's order

To the manager		Please give the exact name of the account holder/s
Bank	_____	
Bank Address	_____	1. _____
City/Town	_____ PC _____	2. _____
Bank/Building Society account number	££££ ££££ ££££ ££££	
Sort code	££ ££ ££	

Please pay on the	££ / ££ / 20££	<b>Would you like to GiftAid your donation?</b>
The sum of	£	I am a UK taxpayer I would like the Bobath Centre to reclaim tax on all donations I have made in the last five years, and all future donations until I notify you otherwise. By ticking this box, I confirm that I am paying an amount of income tax and/or capital gains tax at least equal to the tax that the Bobath Centre will reclaim on my donations in the tax year.
I confirm that I am over 18 years of age		<i>giftaid it</i> Please tick <input checked="" type="checkbox"/> £
And on the same day of each		
£ month    £ quarter    £ year		
<i>(please tick the appropriate box)</i>		
Our bank details	Barclays Bank plc PO Box 6549 London N8 9RJ	Signature(s)
Account No	20422932	1. _____
Sort code	20-58-51	2. _____
		Date
		dd / mm / 20

