

# BOBATH CENTRE

FOR CHILDREN WITH CEREBRAL PALSY



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

The sum of £ \_\_\_\_\_

I confirm that I am over 18 years of age

And on the same day of each

month  quarter  year

*(please tick the appropriate box)*

Our bank details

Barclays Bank plc  
PO Box 6549  
London  
N8 9RJ

Account No 20614017  
Sort code 20-58-51

**Would you like to GiftAid your donation?**

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.

*giftaid it* Please tick

Signature(s)

1. \_\_\_\_\_

2. \_\_\_\_\_

Date dd / mm / 20

