



Complete your details, seal and return to:

Bobath Centre for Adults with Neurological Disability
250 East End Road, London N2 8AU

Please pay the Bobath Centre (tick/complete boxes)

£2 £5 £10 Other £ each month until further notice.

Starting on the 1st 15th 25th Month Year

(This date should be at least four weeks from the date of signing.)

Please fill in your title, name and address so we can process your direct debit instruction and tick the Gift Aid box (right).

Title:	Initial(s):	Surname:
Address:		
		Town:
Postcode:	Telephone:	
email:	DOB:	

I would like the Bobath Centre to reclaim the tax on this and any donation I have made over the last six years and all future donations until I notify you otherwise. I confirm I am a UK taxpayer and that I pay as much income or capital gains tax as The Bobath Centre will reclaim in the tax year (currently 28p for every £1 donated).

giftaid it

Instruction to your bank/building society to pay by standing order

Please complete this form and return it to the Bobath Centre at the address shown overleaf.
PLEASE DO NOT RETURN THIS TO YOUR BANK

Name and full postal address of your bank or building society:

Name of account holder(s):

Account Number:

Sort Code:

Instruction to your bank or building society:

Please pay the Bobath Centre for Adults with Neurological Disability as indicated overleaf:

Barclays Bank plc, PO Box 6549, London, N8 9RJ

Name: Bobath Children

Sort Code: 20 58 51

Account: 20422932

This instruction replaces any previous standing order in favour of the Bobath Centre.

Signature(s):

Date: