

BULGARIAN PARTNERS TRUST DONATION FORM

This Form is designed to be printed out, and then filled in by hand.

- If you would like to make an individual donation please fill in the top part of the Form.
- If you would like to become a regular supporter of Bulgarian Partners Trust, please complete the standing order part at the bottom.
- Where appropriate, please also remember to complete the Gift Aid Declaration.
Thank you

YOUR DETAILS (BLOCK CAPITALS PLEASE)

Your Title:	
Your Name:	
Your Address:	
Postcode:	
Tel:	
Email:	

INDIVIDUAL DONATION

I/wish to donate £100 £50 £25 other £ _____

I/we enclose a cheque/postal order/charity voucher made payable to **Bulgarian Partners Trust**

I/we wish donate using Access Visa

Please debit my account number

||| - ||| - ||| - ||| expiry date |||

Signed: _____
Date: _____

GIFT AID DECLARATION (Open only to UK Tax payers)

I wish that Bulgarian Partners Trust treat as Gift Aid donations

- the enclosed donation of £
- the donation(s) of £ _____ which I made on __ / __ / _____
- all donations I make from the date of this declaration, until I notify you otherwise
- all donations I have made since 6th April 2000, and all donations I make from the date of this declaration, until I notify you otherwise

I confirm that I have paid UK Income Tax and/or Capital Gains Tax at least equal to the tax that Bulgarian Partners Trust will reclaim on this donation.

Signed: _____
Date: _____

STANDING ORDER FORM

If you would like to become a regular supporter of Bulgarian Partners Trust, please complete this standing order form.

To
Bank Name: _____
Bank Name: _____
Full Bank Address: _____
Postcode: _____

Please make the payments detailed below debiting my/our account until further notice.

Sort Code

□□□ - □□□ - □□□

(YOUR BANK SORT CODE IS ON THE TOP RIGHT HAND CORNER OF YOUR CHEQUE)

A/C Number

□□□□□□□□□□

(YOUR BANK ACCOUNT NO. IS THE THIRD FROM THE LEFT OF THE 3 BOTTOM NUMBERS)

A/C Name: _____

Please pay Bulgarian Partners - Trust, Account number 00010417, Sortcode 40-52-40, Bank: Charities Aid Foundation, Cafcash Ltd, Kings Hill, West Malling, Kent, ME19 4TA

£ monthly / quarterly / annually (delete as appropriate)

Starting on /.... / 20

Signed: _____

Date: _____

Please quote this donor code on all correspondence and payment.

Donor Code _____ (office admin to complete)

PLEASE DO NOT SEND THIS FORM DIRECT TO YOUR BANK!

When completed, please return to:

John Ringrose (Treasurer)
Bulgarian Partners Trust
Maryland
9 Hillsea Road
Swanage
Dorset
BH19 2QL