Yes, please accept my gift for the work of The Healing Bus

| YOUR PERSONAL DETAILS: Please print clearly in BLOCK CAPITALS | | |
|---|---|---|
| Title | First name | Surname |
| Home address | | |
| | | Postcode |
| Telephone | | Email |
| REGULAR GIVIN | NG: Please complete the direct | debit instruction |
| • | the work of The Healing Bus by | making a regular contribution 110 □ £20 □ £30 □ Other: £ |
| | IONS: Personal Cheque or De | |
| | | |
| | ebit/Credit cards, the amount of | |
| Card number | | |
| Expiry date | Issue No. | Security No.(last 3 digits on back of card) |
| GIFT AID DECLARATION: (Individual UK tax payers ONLY) | | |
| this declaration. | | d, all donations I make from the date of income tax or capital gains tax must at least equal the amount we No. 1159619 |
| Signature | Date | |
| Plea | struction to your Bank o ase fill in the whole form using a e Healing Bus, PO Box 1684, Che | |
| Name and full postal Building Society | address of your Bank or | Originator's Identification Number |
| To: The Manager | Bank/Building Society | 2 0 1 9 9 5 |
| | | Reference |
| Address | | 8 3 3 8 4 4 5 4 |
| | Postcode | Instruction to your Bank or Building Society Please pay The Healing Bus Direct Debits from the account |
| . , | Holder(s) (i.e. Account Name) | detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with with The Healing Bus and, if so, details will be passed electronicaly to my Bank/Building Society. |
| Bank/Building Society | y account number | Signature(s) |
| Branch Sort Code | | |
| | | Date |