

I want to support the work of MACS by making...



a one-off donation

by... debit card credit card (Please use the reverse of this form if you wish to make a regular donation)

giftaid it

Make every £1 go further with Gift Aid!

Gift Aid declaration: please treat all my donations for the past four years and

all my future donations until I notify you otherwise, as Gift Aid donations. I am a UK taxpayer.

Please notify us if you no longer pay income tax and/or capital gains tax equal to the amount we reclaim on your donations.

Please tick

Date: _____

Please return to MACS, PO Box 92, Holyhead LL65 9AW. Thank you!

We do not pass on names, addresses or contact details of our supporters on to third parties for their use. As a supporter you will hear from us about our work. If you'd rather not, please let us know.

04/12

Amount:

£5.00

£7.50

£25.00

£ Other _____

I enclose a cheque/postal order/CAF voucher made payable to MACS

or.... Please debit my debit/credit card for the above amount

Mastercard

Visa

American Express

Delta

Maestro

CAF Card

Maestro
ONLY

My debit/credit card number is:

Valid from: / Expires end: / Maestro issue no:

Card security number (last 3 or 4 digits on signature strip):

We are very grateful for your support. If you would prefer us not to write to thank you for your gift, please tick this box.

Name: _____

Address: _____

Postcode: _____

Tel number (in case of query): _____

Email address: _____

MACS, PO Box 92, Holyhead LL65 9AW.

• Tel: 0800 169 8088 • Email: enquiries@macs.org.uk • Website: www.macs.org.uk

Follow us on facebook: www.facebook.com/MACSCCharity



Registered Charity No: 1040074

I wish to support the work of MACS by making a regular donation

Reg. Charity No:
1040074



£5.00 £7.50 £10.00 £15.00 £ Other _____

Frequency: Monthly Quarterly Half-yearly Annually

Date of first payment on or after: / /

04/12

Please complete the mandate below

Instruction to your bank or building society to pay by Direct Debit

Please send this completed instruction to:

MACS, PO Box 92, Holyhead LL65 9AW.

Name(s) and address of account holder(s)

Mr / Mrs / Miss / Ms / other: _____

Address: _____

Postcode: _____

Bank/Building Society account number

Branch Sort Code

- -

Name and full postal address of your

Bank / Building Society -

The Manager: _____

Address: _____

Postcode: _____

SERVICE USER NUMBER

CAF Ref No: FS2997

Charities Aid Foundation,
25 Kings Hill Avenue, Kings Hill,
West Malling,
Kent ME19 4TA.



FOR CAF OFFICIAL USE ONLY

This is not part of the instruction to your Bank/Building Society.

Instruction to your Bank or Building Society

Please pay CAF re MACS debits from the account detailed in this instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with CAF re MACS and if so, details will be passed electronically to my Bank/Building Society.

Signature(s): _____

Date: / /

**Banks and Building Societies may not accept Direct Debit instructions for some types of accounts
This guarantee should be detached and retained by the Payee**

The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit CAF re MACS will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request CAF re MACS to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by CAF re MACS or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when CAF re MACS asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank. Written confirmation may be required. Please also send a copy of your letter to us.

