



Name:  Supporter ref:

Address:

Postcode:  Tel:  Email:

I would like to make a regular donation of £

Every month / quarter / half year / year  
(please delete as appropriate)

Commencing on  (day) of  (month)  (year)

**INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT**

Originator's ID Number:

Name(s) of account holder(s):

Account Number:

Sort Code:

Name and Address of your Bank and Building Society:

Reference Number (office use):

Please pay the Medical Foundation for the Care of Victims of Torture Direct 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 the Medical Foundation and, if so, details will be passed electronically to my bank/building society. **Banks and Building Societies may not accept Direct Debits instructions for some types of accounts.**

Signature(s):  Date:



**Boost your donation by 25p for every £1 you donate**

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

Yes, I want to **Gift Aid** this donation and any donations I make in the future or have made in the past 4 years to the Medical Foundation for the Care of Victims of Torture\*. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. \*the registered name of Freedom from Torture

*giftaid it*

Signature(s):  Date:

**Keeping in touch.**

We want to tell you about how you have helped survivors of torture; success stories, campaigns and appeals, invites to events and other ways you can help. Let us know how you would like to be contacted below

I would like to hear about your work via:

Post  Yes  No

Phone  Yes  No

Here is my phone number: \_\_\_\_\_

Email  Yes  No

Here is my email address: \_\_\_\_\_