



Dream Makers of Wales

Follow Your Dreams Ltd

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www.followyourdreams.org.uk

You must be over 18 to complete this form.

I WANT TO HELP

Date:	Certificate No.:
Area Fundraiser:	

Contact Name:	
Business Name:	
Business / Home Address	
	Postcode

Telephone Number	Work		Home	
	Mobile		Email Address:	

Your Bank Details

To the Manager of:		For Bank Use	
Bank Name			
Bank Address			
Name of Account Holder/s			
Sort Code		Account No.	

Payable To:	Follow Your Dreams	Name of Bank:	Lloyds Bank Plc
Address	514, Cowbridge Road East, Cardiff CF5 1BL		
Sort Code	30-98-94	Account no.	2573677

I wish to donate 1 payment of:-

Minimum £120	<input type="checkbox"/>	£150	<input type="checkbox"/>	£200	<input type="checkbox"/>	Other	<input type="checkbox"/>
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I wish to donate monthly:

£10	<input type="checkbox"/>	£20	<input type="checkbox"/>	£30	<input type="checkbox"/>	£40	<input type="checkbox"/>	£50	<input type="checkbox"/>	£100	<input type="checkbox"/>	Other	<input type="checkbox"/>
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To be taken on -

Signed		Date	
Position			

GIFT AID DECLARATION

Please <input type="checkbox"/>	I am a UK taxpayer. Please reclaim the tax on my donation to Follow Your Dreams made since 6th April 2000
Tick <input type="checkbox"/>	and any I make in the future, until I notify you otherwise.
Date	<input type="text"/>

Gift Aid Notes: In the tax year you need to pay enough income tax and/or capital gains tax to cover the amount that we shall be claiming back from the Inland Revenue (at present we may claim 28p for each £1 donated, equivalent to income tax at 22%) You may end this arrangement at any time. Please let us know if you no longer pay enough tax (but note that you may stop working but still be paying tax).

FOR OFFICE USE ONLY - Date of renewal: