



Reg Charity No 1106379

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You must be over 18 to complete this form

I WANT TO HELP

Name:	
Address:	
Post Code:	
Telephone Number (Home):	
Telephone Number (Mobile):	
Email Address:	

YOUR BANK DETAILS: To the manager of

Bank Name:	
Bank Address:	
Name of Account Holder/s:	
Sort Code:	
Account Number:	
Payable to:	Follow Your Dreams
Bank Name:	Lloyds TSB Bank Plc
Bank Address:	514 Cowbridge Road East, Cardiff. CF5 1BL
Sort Code:	30-98-94
Account Number:	02573677

I wish to donate a one off payment of: £ _____
To be paid from my account on (date) ____ / ____ / ____
I wish to donate monthly: £10 <input type="checkbox"/> £25 <input type="checkbox"/> £50 <input type="checkbox"/> £100 <input type="checkbox"/> Other (please state) £ _____
To be paid from my account on (date) ____ / ____ / ____ and monthly thereafter
on the _____ of each month (insert day of each month you wish the payment to be collected e.g. 15 th)

GIFT AID DECLARATION

I am a UK taxpayer. Please reclaim the tax on my donation to Follow Your Dreams made and any I make in the future, until I notify you otherwise. Please tick

Signed: _____ Date ____ / ____ / ____

For further information on gift aid, please refer to: <http://www.hmrc.gov.uk/individuals/giving/gift-aid.htm>