



Become a friend of Healthlink Worldwide

Regular donations are vital and help us plan our work long-term.

YES I would like to give regularly to Healthlink Worldwide. Please deduct £ _____ from my bank account by direct debit monthly / quarterly / annually, starting from (date) / /

Instruction to your Bank or Building Society to pay by

Originator's Identification No. 9 5 8 6 4 4

CAF Reference No. 7 1 6 9 - 0 0

Name(s) of account holder(s)

Mr/ Mrs/ Miss/ Ms

Address of account holder(s)

Postcode

Bank/Building Society account no.

Branch sort code

Name and full postal address of your Bank/Building Society

To the Manager
Bank/Building Society
Address
Postcode

For CAF OFFICIAL USE ONLY

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

Date of first payment on or after

 / /

Instruction to your Bank/Building

Society: Please pay CAF/Healthlink Worldwide 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 CAF/Healthlink Worldwide and if so, details will be passed electronically to my Bank/Building Society.

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

Signature

Date / /

Your contact details

Tel (day) Tel (eve)

Email address

Data Protection: We will send you an acknowledgement of your donation.

We may send you updates on our work or invitations to events, and so on. If you would prefer **not** to receive any information from us, please tick this box

We will not share your details with any other organisation.

Once completed, please return this form to:

CAF/Healthlink Worldwide,
Kings Hill, West Malling, Kent
ME19 4TA, UK

Thank you!

giftaid it **Gift Aid Declaration:** I confirm that I am a UK tax payer and pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax to be reclaimed in the tax year. I would like all donations I make from the date below to be treated as Gift Aid donations until I notify you otherwise (please tick)



PLEASE DETACH AND KEEP THIS GUARANTEE

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change CAF/Healthlink Worldwide will notify you at least ten working days in advance of your account being debited or as otherwise agreed.
- If an error is made by CAF/Healthlink Worldwide or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit anytime by writing to your Bank or Building Society. Please also send a copy of your letter to CAF, Administration Services, King's Hill, West Malling, Kent ME19 4TA