

**About you:**

Name:
Address:
Post code:

**About your bank:**

Bank name:
Bank address:

Sort code:         -    -

Account name:
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Account number:     

**About your payment to our bank:**

Please pay: Crossway Pregnancy Crisis Centre Ltd, at  
CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling ME19 4JQ  
Sort code: 40-52-40 Account No: 00016529

The sum of £	every month/quarter *
Month of first payment	
Date in the month the amount should be paid	
This is a new/replacement * standing order	

\* delete as appropriate

Signature..... Date.....



Use gift aid and you can make your donation worth more. For every pound you give us, we get an extra 25p from the Inland Revenue. It's that simple. Just tick below.

I want to Gift Aid my donation and any donations I make in the future. I am a UK tax payer 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 the difference. Please remember to notify us if you are no longer a UK tax payer, or if you change your name or home address.

**Higher rate taxpayers – remember you can claim further tax relief in your self-assessment tax return.**

Please return this form to:  
Lesley Benge, Crossway Pregnancy Crisis Centre, 306 Richmond Road, Twickenham TW1 2PD