## **DONATION FORM**

## I wish to help Doctors of the World to provide healthcare to the most vulnerable.



Title First Name	Last Name		
Address			
City/Town	Postcode	Country	
STAY IN TOUCH! Phone _	Email address		
We would like to keep you updated about the difference your support makes. By providing these details you are consenting to marketing communications. Your personal details are safe with us, and we will never share them with anyone else. If you would like to change your contact preferences at any time, please call us on 020 7167 5789 or email donations@doctorsoftheworld.org.uk.			
I wish to give a donation	n of: £ 20 🔲    £ 30 🔲 £ 100 🔲    (	Other	
ONE OFF DONATION I wish to pay by card or I enclose a cheque payable to Doctors of the World			
Card Holder Name:			
Card Number:	Iss	sue No (Maestro only):	
Valid from:/ To:/ Security Code:			
Instructions to your Bank of Service user number: 2933	monthly on 1 <sup>st</sup> every month or 15 <sup>th</sup> every mor Building Society to pay by Direct Debit.	Please pay Doctors of the World UK Direct Debits from the account detailed in this Instruction subject	
	ddress Postcode Direct Debit Guarantee. I understand this instruction may remain with Doctors of the World UK and, if so, details will be		
Bank / Building Society Acco	unt Number	passed electronically to my Bank/Building Society. Bank and Building Societies may not accept Direct Debit Instructions for some	
Branch Sort Code		account types.	
Signature Date			
giftaid it Are yo	ou a UK taxpayer? If so, you can increase the v cost.	alue of your gift by 25% at no	
of the World UK. I am a amount of Gift Aid clair	my donation and any donations I make in the future or had UK taxpayer and understand that if I pay less Income med on all of my donations in that tax year it is my response on every £1 donated.	Tax and/or Capital Gains Tax than the	