

Please help us to improve the lives of our patients by setting up a monthly gift by Direct Debit. All you need to do is complete the details below and over the page and return the form using the freepost address below. Thank you.

I would like to support Moorfields with a monthly gift of £  : 00

I would like my donation(s) to be allocated to (please tick one box):

Wherever the need is greatest  Leading-edge research

Email:

Tel:

Please only fill in the details for email and telephone if you are happy to be contacted in this way.

*giftaid it*

Gift aid increases the value of your donation by 25p for every £1 you give - at no cost to you! If you can, please gift aid your donation.

Please treat as Gift Aid donations all qualifying gifts of money as indicated below.

I am a UK taxpayer 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 any difference.

I want to Gift Aid any donations I make in the future and/or have made in the past 4 years to Moorfields Eye Charity, until further notice.  (Please tick)

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete the details over the page.

Please return this form to:

Moorfields Eye Charity, FREEPOST RTKY-HZUS-TRTR, 162 City Road, London EC1V 2PD

Registered charity number: 1140679. Registered number: 7543237



Please complete your name and address in BLOCK capitals below:

Title:

Name:

Address:

Postcode:

**Instruction to your bank or building society to pay by Direct Debit.**

Please complete this section in black ink and in BLOCK capitals.

Name(s) of account holder(s):

Bank/building society account number

Service user number:  Branch sort code

Reference (to be completed by Moorfields)

**Name and full postal address of your bank or building society**

To: The Manager

Name of Bank/building society

Address

Postcode

**Instruction to your bank or building society**

Please pay Moorfields Eye Charity 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 Moorfields Eye Charity and, if so, details will be passed electronically to my bank/building society.

**Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Banks and building societies may not accept Direct Debit Instructions for some types of account.

If you would prefer not to receive information about the work of Moorfields Eye Charity please tick here:

WB / 000000955

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