

Tick List

Please help The Driving Force by filling in and returning the list below.

(If you can't help please consider passing this to someone who can).

| | |
|---|--------------------------|
| Name: <i>(Please use block capitals)</i> | |
| Address: | |
| | |
| Postcode: | |
| Phone No: <i>(including code):</i> | |
| Date: | |
| <i>I would like to help in the following ways:</i> | |
| | |
| 1. I enclose a 'one - off' donation of £ | <input type="checkbox"/> |
| 2. I enclose my donation of £ | <input type="checkbox"/> |
| and wish to become a 'Friend of The Driving Force'. | |
| Paid annually - minimum £15 <i>(individual)</i> £25 <i>(business)</i> | |
| <i>(Payable by standing order if desired).</i> | |
| 3. I am a taxpayer and have completed and returned the Gift Aid Declaration. | <input type="checkbox"/> |
| 4. I would like information about becoming a volunteer driver. | <input type="checkbox"/> |
| 5. I would be willing to assist at fundraising events. | <input type="checkbox"/> |
| 6. Please arrange to have a Driving Force collecting can placed in <i>(name and address of premises).</i> | <input type="checkbox"/> |
| | |
| 7. I could help in another way. <i>(Please specify)</i> | <input type="checkbox"/> |
| | |
| | |

**Please tick appropriate box, tear off and return this tick list to:-*

**The Driving Force
Bonnybridge Health Centre
Larbert Road
Bonnybridge
FK4 1DE**

Gift Aid Declaration

I am a taxpayer and would like all donations I have made since September 2005 and all subsequent donations to The Driving Force to be treated as a Gift Aid and for The Driving Force to benefit by reclaiming the Tax.**

Donor's Name

Address

.....

.....

Post Code.....

Signature

Date

*** I understand that I must notify you if I cease to pay an amount of Income Tax equal to the Tax that The Driving Force can reclaim on my donations in the Tax Year.*

** Please tear off and return this declaration to:-*

**The Driving Force
Bonnybridge Health Centre
Larbert Road
Bonnybridge
FK4 1DE**