

PLEASE HELP US MAKE A DIFFERENCE

We have to raise over £40,000 each year to continue providing over thirteen thousand hours of direct care and support to people with dementia as well as support for their family Carers.

We do NOT pay fundraisers or directors, and our admin is carried out by volunteers. *This means that every penny received or saved goes directly into providing care and support to people with dementia and their carers.*

Your support would truly make a difference.

- If you would like to support us on a regular basis, please complete the **Standing Order Mandate** overleaf.
- If you would like to make a one-off donation to support us, please make a cheque payable to **EK & District Dementia Carers Group**.

If you wish to receive updates from our Group, please cross here and we will gladly forward you regular updates.



If you would prefer to receive these electronically, please enter your e-mail address:

Please enter your name and address below and return this completed slip to the following address so that we can acknowledge your gift. If you have completed the mandate overleaf, we will then forward it to your bank:

EK DEMENTIA CARERS GROUP
169 Pine Crescent, Greenhills, East Kilbride, G75 9HJ



Your Details (please complete in all cases)

Name: _____
Address: _____

Post Code: _____

Your details will not be shared with any other parties.

Tel: 01355 244123 Email: info:dementiacarers.co.uk
Charity Ref: SC018844 Facebook: EK Dementia Carers Group
Company No: SC377236 Web: www.dementiacarers.co.uk



STANDING ORDER MANDATE

Bank/ Building Society Details

Name: _____ To: _____

Address: _____

Post Code: _____

Your Account Details

Account Name: _____

Sort Code: _____

Account Number: _____

Payment Details

Please debit the above account with the payments detailed below, and credit the account of :

East Kilbride & District Dementia Carers Group

Sort Code: 80-06-64

Account: 00341661

The sum of (words): _____ Pounds

(Figures): £ _____

Circle as appropriate: Weekly / Monthly / Quarterly / Annually

First Payment on: _____ / _____ /20

and at regular intervals until further notice.

Signed: _____ Date: _____

GIFT AID DECLARATION

I would like the charity to treat all donations I make from the date of this declaration, until I notify you otherwise, as GIFT AID donations. I understand that I must pay an amount of income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on my donation in the tax year.

Signed: _____ Date: _____