



PLEDGE / DONATION FORM

DONOR INFORMATION

Title: Dr/Mr/Mrs/Ms _____

Name: _____

Address: _____

City: _____ Postcode: _____

Email: _____

Telephone/Mobile: _____

PLEDGE INFORMATION

I pledge a total of £_____ to be paid Now Monthly Quarterly Yearly

I plan to make this contribution in the form of Cash Cheque Bank TT Other
please circle your options

Acknowledgement

I you would like my pledge/donation to remain anonymous Yes No

I am a UK tax payer and agree to 'The Diabetes Centre' claiming gift aid Yes No
please circle your options

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.

Please notify us if you want to cancel the gift aid, change your name or home address or no longer pay sufficient tax on your income and/or capital gains

Date :

Signature of Applicant:

For TDC Use Only

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Greenford
Middlesex
UB6 9EX
 0208 575 8173
 [**info@thediabetescentre.org.uk**](mailto:info@thediabetescentre.org.uk)
 [**www.thediabetescentre.org.uk**](http://www.thediabetescentre.org.uk)
 [**www.thediabebtescentre.com**](http://www.thediabebtescentre.com)
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