



Donation Form

PERSONAL DETAILS

Title: (Mr/Mrs/Dr/Ms/Miss) _____ First Name: _____ Surname: _____

Address: _____

Post code: _____ Telephone No: _____

Mobile no: _____ Email: _____

SINGLE/ONE-OFF DONATION

Donation Amount: _____

Cash Cheque Credit/Debit Card Pledge PAID (card machine)

Name on card: _____

Card Number: _____ Issue No (if applicable): _____

Expiry Date: ____/____ Valid From: ____/____ Security Code (CCV/last 3 digits on back): _____

STANDING ORDER

Bank Name: _____

Name(s) of account holder(s): _____

Sort Code: ____ - ____ - ____ Account No: _____

Please pay **LLOYDS BANK**, Account Name: **WATFORD MUSLIM YOUTH CENTRE**, Sort Code **77-95-51**,
Account Number **01467260**

£ _____ every month, starting from (DD/MM/YYYY) _____ until further notice.

Payment Reference: _____

Tick the box to add an extra 25p to every £1 you give at no extra cost

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Yes, I pay in the UK. Please treat all donations I make or have made to the Watford Muslim Youth Centre for the four years and for the future as gift donations until further notice.

(You must pay income tax/capital gains tax at least equal to the amount of tax reclaimed on your donations)

Signature: _____ Date: ____/____/____ (DD/MM/YYYY)

WMYC would like to keep in touch with you about our project, services and offers that might interest you. Please tick the box to agree that we may contact you by post, telephone, email, text message and other electronic means. WMYC takes your privacy seriously. The information you provide will be held under the Data Protection Act 1998