

I would like to make a regular gift to Assistance Dogs N.I

| Please fill in all sections of this form using a ball point pen. | additional 25p of tax at no extra cost to you. |
|---|---|
| Title Forename | I am a UK Tax Payer and I would like ADNI to reclaim the tax on all qualifying donations I have made, as well as any future donations, until I notify them otherwise (Please tick) |
| Surname | |
| Postcode I understand that if I than the amount of the donations in the tax | |
| | I understand that if I pay less income/capital gains tax than the amount of tax claimed on all my gift aid donations in the tax year in which they are received, it is my responsibility to pay the difference. |
| Assistance Dogs N.I we'd love to get in touch with you by phone and/or e-mail to let you know about the difference you have made and how you can help and donate in the future. If you are happy for us to contact you in this way, please share these details with us below: | You can change the way we contact us at any time, either by writing to us at ADNI, 15 Connell Street Car Park, Limavady, BT49 0DB, emailing info@adni.org.uk or by visiting our website www.adni.org.uk |
| Telephone number Email | I would like to give: £5 or my choice £ per month/quarter/year (delete as appropriate) , starting on the $5^{th}/15^{th}/25^{th}$ (delete as appropriate) of (month) |
| Instruction to your bank or building societies Flease fill in this form and return to: Assistance Dogs N.I, 15 Connell Street Car Park, Limavady, BT49 ODB. | year. Please allow at least one month from today. Pety to pay by Direct Debit Reference |
| Name and full postal address of you bank or building society | |
| To the manager | Instruction to your Bank or Building Society |
| Bank/building society Address | Please pay Assistance Dogs N.I Direct Debits from the account detailed ibn this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Assistance Dogs N.I and, if so, details will be passed electronically to my bank/building society. Signature(s) |
| Postcode | |
| Name (s) of Account Holder(s) | |
| | |
| Branch Sort Code | Date |
| Bank/Building Society Account Number | |
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