

Founding Friend Enrolment Form



I/we wish to support FAB by becoming a Founder Friend(s):

Title and Full Name.....

Address..... Postcode

Tel no. Email.....

Please tick if you're happy for us to contact you by email, post and phone about being a Founder Friend and updates on FAB work, fundraising and events.

I would like to pay by standing order

To (name of your bank)

of.....(address)

Postcode.....

Please pay to Metro Bank, Sort code: 23-05-80 1 Southampton Row,
London, WC1B 5HA

For the credit of: Fight Against Blindness, Account number 42961213

Each month/quarter/year (delete as appropriate)*

The sum of £
(amount in figures/amount in words)

Starting on(date)

Signed by

on (date)

Bank sort code

Bank account number

OR I have set up a standing order (please tick)

OR I would like to pay by cheque and enclose a cheque (payable to

FightAgainst Blindness) of £ (enter amount)*

Gift Aid Declaration

I would like to Gift Aid* Name.....

Address.....

Postcode

SignatureDate.....

* I confirm that I would like FAB to reclaim the tax I have paid on all my donations in the last four years, and all future donations I may make. I am a UK taxpayer and understand that if I pay less Income Tax and Capital Gains Tax than the amount of Gift Aid claimed on all my donations in the relevant tax year, it is my responsibility to pay the difference. Please notify us if you: 1. Want to cancel this declaration 2. Change your name or home address 3. No longer pay sufficient tax on my income and/or capital gains.

When completed please return this Enrolment Form to:

FAB, 4 Middle Street, Thriplow, Royston, Hertfordshire, SG8 7RD

Contact Us

friends@fightagainstblindness.org.uk

www.fightagainstblindness.org.uk/friends

Registered Charity 1124806. Registered office: 4 Middle Street, Thriplow, Royston, Hertfordshire, SG8 7RD