

I would like to give a gift of £ _____	
Title (Mr/Mrs/Miss/Ms/Other*) _____	Name* _____
Home Address* _____	
Postcode* _____	Telephone _____
Email address _____	
* Fields marked with asterisk must be completed	
<b>Please let us know if your circumstances or address details change so that we can amend our records</b>	

Please tick this box if you do not require an acknowledgement that we have received your gift

Make your gift worth even more without costing you a penny

*giftaid it*

**Do you pay tax? If so, by simply completing this form the tax office will give us 25p for every £1 you donate.**

I am a UK tax payer and I would like CAUSE to treat all donations I make or have made for the past four years as Gift Aid donations until I notify you otherwise.

I understand that I must have paid or will pay an amount of Income Tax and/or Capital Gains Tax in each year, that is least equal to the tax that Charities & Community Amateur Sports Clubs (CASCs) I donate will reclaim on my gifts. I understand that other taxes such as VAT do not qualify and that CAUSE will reclaim 25p of tax on every £1 that I give.

Full Name \_\_\_\_\_

Date \_\_\_\_\_

CAUSE would like to hold your details in order to contact you about fundraising, campaigning and services for carers of mental health. If you prefer us not to use your details in this way please tick this box

Please make your cheque, postal order or charity voucher to CAUSE and return this form with your gift to:

CAUSE  
LESLEY OFFICE PARK  
393 HOLYWOOD ROAD  
BELFAST BT4 2LS

*Thank You for Your Support!*