



Rianna's Fund
One life, many changes

Charity Name: Rianna's Fund

Charity Ref: 7528-10

Title: Forename(s): Surname:

Address:

..... Postcode:

Please complete payment method (A) or (B)

(A) I WISH TO MAKE A REGULAR DONATION OF £

Monthly Quarterly Commencing: 200.....

Half Yearly Annually **PLEASE COMPLETE MANDATE OPPOSITE**

(B) I WISH TO MAKE A SINGLE DONATION

BY CHEQUE and enclose a cheque for the sum of £.....

BY CREDIT / DEBIT CARD

I authorise you to debit my account with the amount £.....

Card type: MASTERCARD VISA DELTA SWITCH

Cardholder's name:

Card number:

Start date: Expiry date: Switch card issue no:

Signature:

Please complete this section if you are a UK taxpayer



GIFT AID DECLARATION

I am a UK tax payer and wish all donations I make from the date of this declaration until I notify you otherwise to be tax effective under the Gift Aid scheme.

Higher rate tax payers can claim further tax relief in their Self Assessment return.

Signature

Print nameDate.....

Please remember to notify us if your circumstances change. You must pay UK Income Tax and/or Capital Gains Tax equal to the tax the charity reclaims on your donation in the tax year.

Instruction to your Bank or Building Society to pay Direct Debit.



Please send this completed Instruction to:

RIANNA'S FUND
62 Copthorne Road
Leatherhead
Surrey
KT22 7EE

Originator's Identification Number

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CAF Ref No: 7528-10

CAF, KINGS HILL,
WEST MALLING,
KENT, ME19 4TA

Name(s) and address of account holder(s)

Mr/Mrs/Miss/Ms

Address:

.....Postcode.....

Bank/Building Society account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Branch Sort Code

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Name and full postal address of your Bank/Building Society

To: The Manager

Address:

.....Postcode.....

FOR CAF OFFICIAL USE ONLY – This is not part of the instruction to your Bank/Building Society

Date of first payment on or after:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Instruction to your Bank or Building Society
Please pay CAF Re Rianna's Fund Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain within CAF Re Rianna's Fund and if so, details will be passed electronically to my Bank/Building Society.

Signature.....

Date.....

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Banks and Building Societies may not accept Direct Debit Instructions for some types of account



This guarantee should be detached and retained by the Payer

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, CAF Re Rianna's Fund will notify you at least ten working days in advance of your account being debited or as otherwise agreed.
- If an error is made by CAF Re Rianna's Fund or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to CAF, Charity Services, Kings Hill, West Malling, Kent ME19 4TA.