# *Make a contribution* - regular donation

The Janki Foundation for Spirituality in Healthcare

## *Personal Details*

Title: _____ M/F: _____

Name: _____ Surname: _____

Address: _____

City/County: _____ Country: _____ Post code: _____

Phone: _____ Fax: _____

Email: _____

I wish to donate £ _____ By: Cash/Cheque: ☐

Amount in words _____

Please pay The Janki Foundation for Spirituality in Healthcare **£**_____ (amount in figures)

Amount in Words _____

EACH month / quarter / half year / year *(delete as applicable)* from my account until further notice.

*Payable to CAF BANK, Kings Hill, West Malling, Kent ME19 4TA for the account of The Janki Foundation for Spirituality in Healthcare, A/C No: 00005954 Sort Code: 40-52-40*

My Bank details are *(Name and address)* _____

## *Your Donation*

_____ Post Code _____

Account no: ☐☐☐☐☐☐☐☐ Sort Code: ☐☐☐☐☐☐

Starting on: D D M M Y Y Signature_____ Date_____

This cancels all existing regular payments to the Foundation. Yes ☐ No ☐ N/A ☐

giftaid it **Boost your donation by 25p of Gift Aid for every £1 you donate**

**Please treat all qualifying donations made as gift aid donations:**

☐ **Today** ☐ **In the past 4 years** ☐ **In the future**

**Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your full address is needed to identify you as a current UK taxpayer. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference.**

Please notify us if you: wish to cancel this declaration, change your name or home address or no longer pay sufficient tax on your income and or capital gains.

☐ **I give consent for the Foundation to use my personal data in order to process my donation by standing order and gift aid if applicable. I understand that my details will be passed onto my Bank/Building Society and may also be passed on to HM Revenue & Customs. A copy of my personal data will be held by the foundation as long as it is needed in line with the Financial Regulations.**

Signature..... Date.....

**Please return this form with your gift to: The Janki Foundation for Spirituality in Healthcare,**
Moran House, 449-451 High Road, London, NW10 2JJ, UK
***Tel:*** +44 (0) 20 8459 1400 ***Email:*** accounts@jankifoundation.org
***Web:*** www.jankifoundation.org ***Reg Charity No:*** 1063908

Thank you - your support helps us to fulfil our objectives. We invite you to 'Join our Mailing list' on www.jankifoundation.org to receive regular information about our activities.

**Your personal Data**: We will process your personal data in line with the GDPR requirements and will always store it securely and use it only for the purpose for which it has been collected. We will not pass on your details to any third parties without your consent. Please refer to the full details of our GDPR Privacy Notice which you can find at www.jankifoundation.org