

Please <u>post</u> the signed and completed form to **The Hon. Treasurer, Friends of Malawi Association**, **50 Brewery Road, Woking GU21 4NA.**

Title	Title: Eirst Name:			Family Name					
Title: First Name: Address:			Family Name:						
			Post Code:	Country					
Town: E-mail:			Tel:		Country:				
Please complete the form below in CAPITALS and return it by post to Hon.Treasurer, Friends of Malawi Association, 50 Brewery Road, Woking GU21 4NA									
		Monthly *	Every 3 months*		Every 6 months*	Annually *			
make a regular		•							
donation									
Date of First Payment:									
For the Attention of the Bank Manager: Branch									
Bank/Building Society Name:									
Bank/Building Society Postal Address:									
Account No:				Sort Code:					
Name on Account:									
Amount £				In Words:					
Instruction to your Bank / Building Society: Please pay: CAF Bank, Sort Code 40-52-40 Account No:									
00006139, Account Name: Friends of Malawi Association Trust Fund.									
Sign	Sign			Date					
Gift/Aid Declaration (if a UK taxpayer)									
I wish the Friends of Malawi Association Charitable Trust Fund (Registered Charity no.283563) to treat all									
donations I have made (including subscriptions and donations paid to the Friends of Malawi Association and									
transferred to the charity) as Gift Aid donations made									
in the	past 4 ye	ars	today		in the fut	ure			
(Please tick all boxes you wish to apply)									
I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.									

I undertake to inform the Friends of Malawi Association if I wish to cancel this declaration, change my name or home address or no longer pay sufficient tax on my income and/or capital gains.

Name	First name, other initial, family name			
Address				
			Post Code	
Telephone contact (la	ndline)	Email address		
Signed (type name if	completed electronically)	Da	te (type date if completed electronically)	

Thank you! Your support is really appreciated by the communities in Malawi.