



To the account holder: Please complete the details below, sign where indicated, and forward promptly to:
Ventures, CPAS, Sovereign Court One (Unit 3), Sir William Lyons Road, Coventry, CV4 7EZ.

Thank you for your donation which helps us cover costs and keep prices down, enabling more children and young people to attend. We are grateful for your generous support.

Online banking? Please send us the form rather than setting up payments online - this is to ensure your donations are allocated correctly and that we don't miss out on extra income through Gift Aid. Thank you.

Your Name: _____

Address: _____

Post Code: _____

Your bank: _____

Address of your bank: _____

(Please include the post code) **Post Code:** _____

Account to be debited: Account name _____

Account number

Sort code - -

First payment £ _____ to be paid on ____ / ____ / ____

Subsequent payments £ _____ to be paid monthly thereafter until further notice
or until ____ / ____ / ____ *(date of last payment)*

Year: _____ **Venture/Falcon Camp name:** _____

Payment reference: _____
(Please leave blank for Ventures Office)

Signature of account holder(s) _____

Payments to be made to: CPAS Ventures
Royal Bank of Scotland plc, Leamington Spa (16-23-15) Account no: 11428000



You must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April one year to 5 April the next) that is at least equal to the amount of tax that the charity will reclaim on your gifts for that tax year (currently 25p for every £1 you give).

- Please claim the Gift Aid on this donation and all donations I make from this date.
- Please claim the Gift Aid on this donation only.
- My donation is not eligible for Gift Aid, please don't claim it.

Date _____ Signature _____