



## EAST SUFFOLK ASSOCIATION FOR THE BLIND

### Donation Form

Please print clearly

Mr/Mrs/Miss/Ms/Other \_\_\_\_\_ Initials \_\_\_\_\_ Surname \_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

#### Single Donation

I would like to make a single donation of £\_\_\_\_\_. Please make cheques payable to ESAB, and **post to ESAB, The Old Station, Little Bealings, Woodbridge, Suffolk IP13 6LT.**

#### Regular Giving by Standing Order

I would like to make a regular standing order donation of £\_\_\_\_\_ to ESAB. I have filled in the attached Standing Order Form and sent it to my bank for processing.

#### Gift Aid Declaration

If you are a tax payer, we can claim an additional 28p in every £ you donate if you GIFT AID your donation. This will not cost you any additional money; we reclaim the money from the Inland Revenue. If you are willing to GIFT AID your donation(s) to ESAB, please fill in the reverse side of this form and **return it with this form to ESAB, The Old Station, Little Bealings, Woodbridge, Suffolk IP13 6LT**