

BENgold Joining Form

Please complete this form and return to:
Supporter Relations, BEN, Lynwood, Sunninghill, Ascot, Berkshire SL5 0AJ

Your Details

| | |
|------------------|-------------|
| Title: | First name: |
| Surname: | |
| Home address: | |
| Postcode: | Tel no: |
| Personal email:* | |

Employment Details

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|-----------------------------|
| Current/last employer: |
| Job title: |
| Employer address: |
| Postcode: |
| Business tel no: |
| Work email: |
| Date retired if applicable: |

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Increase the value of your donation by completing this Gift Aid Declaration

- Yes, I would like BEN to reclaim tax on all donations I have made within the current financial year, and the previous six. I am a UK tax payer and the amount of income/capital gains tax I pay exceeds the amount BEN reclaims in that period. (Please tick box.)

| | |
|----------------|------------------------------|
| Date: | Signature: |
| Date of birth: | How you heard about BENgold: |

Payment details (please tick box)

- I have enclosed a cheque I have completed a Payroll Mandate form I have completed a Direct Debit form (see below)
I wish to make monthly donations of (for Direct Debit Payers): £11 £15 £20 Other amount

Data protection: Data Protection: BEN values your support and promises to respect your privacy. The data we gather and hold is managed in accordance with the Data Protection Act (1998). We would like to keep you informed about how you are helping with our vital work and to tell you of other ways you may be able to assist us. If you do not want to receive this information, please tick this box: *If you are happy for BEN to contact you via e-mail, please provide your details above.



Originator's identification number

9 2 0 0 0 5

Reference number (for office use only)

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

Please fill in the whole form using a ball point pen and send to:
BEN, Lynwood, Sunninghill, Ascot, Berkshire SL5 0AJ

Name(s) of account holder(s)

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Bank/Building Society Account Number

| | | | | | | | | | |
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Branch Sort Code

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Name and full postal address of your Bank/Building Society

| | |
|-----------------|-----------------------|
| To: The Manager | Bank/Building Society |
| Address: | |
| Postcode: | |

For Official BEN Use Only

This is not part of the instruction to your Bank/Building Society

Please pay BEN £ _____ per month

(your account will be debited on the last day of each month)

Instruction to your Bank or Building Society

Please pay BEN – Motor and Allied Trades Benevolent 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 with BEN – Motor and Allied Trades Benevolent Fund and, if so, details will be passed electronically to my Bank or Building Society.

Signature(s):

Date:

The Direct Debit Guarantee (this guarantee should be detached and retained by the payer).

- 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 payment dates change, BEN – Motor and Allied Trades Benevolent Fund will notify you 10 working days in advance of your account being debited or as otherwise agreed.

- If an error is made by BEN – Motor and Allied Trades Benevolent 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 BEN – Motor and Allied Trades Benevolent Fund.

