

## Donation form

Please give as generously as you can. If you pay income tax, do please consider giving by deed of covenant – this will make your gift worth nearly **one third as much again, at no extra cost to you.**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Daytime telephone number \_\_\_\_\_

Email address \_\_\_\_\_

I have completed the covenant and banker's order on the reverse

I enclose cash/cheque/P.O.\* for  
£ \_\_\_\_\_ made payable to AgeCare  
Dementia Care Campaign

I would like to help the campaign,  
please send me details

*giftaid it*

I am a UK Taxpayer and would like to Gift Aid my donation (enabling AgeCare to claim an extra 28p per £1 donated). To qualify for Gift Aid, what you pay in Income Tax or Capital Gains Tax must at least equal the amount we will claim in the tax year.

Please send your completed gift form to:

**AgeCare, Dementia Care Campaign**  
**47 Great Russell Street**  
**London WC1B 3PB**

Covenants enable AgeCare to predict future income with a high degree of certainty, and you to spread the cost of your gift over a number of years. When accompanied by a Gift Aid declaration, AgeCare is able to reclaim the income tax you have paid on the gross amount. With the basic rate income tax at 22%, for every £100 you donate by covenant, AgeCare will receive an extra £28 at no extra cost to you. Please see overleaf.

## Banker's Order form

To the manager (Name and address of bank) \_\_\_\_\_

Please pay AgeCare

Dementia Care Campaign £ \_\_\_\_\_

Starting from \_\_\_\_/\_\_\_\_/\_\_\_\_ and a like sum

a) Monthly on the \_\_\_\_ day of each subsequent month  
for 4 years making 48 payments in all, or

b) Annually on the \_\_\_\_ day of \_\_\_\_\_ in each of the  
following 3 years making 4 payments in all

My bank Account No \_\_\_\_\_

My sort Code is \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Barclays Bank, 99 Hatton Garden, London EC1N 8DN  
AgeCare Dementia Care Campaign Covenant Account  
No. 80088730

## Deed of Covenant form

I, Mr/Mrs/Miss/Ms

(Full name in capitals)

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

undertake to pay AgeCare Dementia Care Campaign each year  
for 4 years (or during my lifetime if shorter) the sum that will,  
after deduction of income tax at the basic rate, be:

Please insert amount

of your annual payment. £ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*To complete this form get a friend or Bank to witness your signature*

Witness's signature \_\_\_\_\_

Full Name (Block capitals) \_\_\_\_\_

Witness's Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_