



The Turning Point Counselling Service
16 Church Lane
Brighouse
West Yorkshire
HD6 1AT

Tel: 01484 950808

Name of charity: **The Turning Point Counselling Service**

Details of Donor

Title _____ Forename(s) _____ Surname _____

Address _____

Postcode: _____ Email: _____

Declaration

- I authorise The Turning Point Counselling Service to treat all gifts of money I make from the date of this declaration as Gift Aid donations until I notify otherwise.
- The enclosed donation of £..... is a single donation.
- I intend to make weekly/monthly donations of £.....
- Please treat the donation(s) of £..... which I made on/...../..... as Gift Aid donations.

Bank Details: CAF Bank, Account Name: The Turning Point Counselling Service
Account Number: 00029563 Sort Code: 40-52-40

I confirm that I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. The details requested above are required to implement the Gift Aid process and are covered by the Data Protection legislation and Regulations.

Signature _____ Date/...../.....

Please fill in the above form and send to the address at the top of the page or email admin@turningpoint-brighouse.org.uk