

Yes, I'll help more people gain access to safe water and sanitation

Call now on **0845 767 5000** or fill in the form below

Donation form

Please complete the whole form and send it to:

Freeport RRRZ-YRRB-ELKE, WaterAid, Melksham SN12 6YY. No stamp needed.

Title:	Initial:	Surname:
Address:		
Postcode:		
Country:	Telephone:	
I am happy for WaterAid to contact me via email about their work, fundraising and trading activities.		
Email:		

giftaid it I would like WaterAid to reclaim the tax on this and any donation I have made over the last six years and all future donations until I notify you otherwise. I confirm I am a UK taxpayer and that I pay as much income or capital gains tax as WaterAid will reclaim in the tax year (currently 28p against every £1 donated).

If you do NOT wish to hear from WaterAid and WaterAid Trading Ltd please let us know.

Please accept my donation of: **£15** **£25** **£50** **£100** Other **£** _____

Where did you hear about WaterAid? _____

Payment method

I enclose a cheque/postal order/CAF voucher* made payable to WaterAid
(*please delete as appropriate)

OR

I would like to make a donation by Visa/Mastercard/Maestro/AMEX/CAF charity card*
(*please delete as appropriate)

Card number: _____ Shaded boxes
Maestro only

Valid from: _____ Expiry date: _____ Issue number: _____

Security code**: _____ **The three digit number on the signature strip of your debit/credit card or the four digit number above the account number on the front of the card.

Name on card: _____

Signature: _____ Date: _____

Give water. Give life. Give just £2 a month

Call now on 0845 767 5000 or fill in the form below

Complete and return to the Freepost address below. No stamp needed.

Please pay WaterAid: Please tick/complete boxes.

£2 **£5** other **£** each month until further notice.

Starting on the 1st 15th 25th


Month Year (This date should be at least four weeks from the date of signing.)

Please fill in your title, name and address so we can process your direct debit instruction and tick the Gift Aid box below.

Title:	Initial:	Surname:
Address:		
		Postcode:
Country:	Telephone:	
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Instruction to your Bank or Building Society to pay by Direct Debit Please complete and return this form to: Freepost RRRZ-YRRB-ELKE, WaterAid, Melksham SN12 6YY. No stamp needed. DO NOT RETURN TO YOUR BANK.	
Name and full postal address of your Bank or Building Society	Originator's Identification Number: <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/>
To: The Manager Bank/Building Society	Reference Number (to be completed by WaterAid): <input type="text"/>
Branch Address:	Instruction to your Bank or Building Society: Please pay WaterAid 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 WaterAid and, if so, details will be passed electronically to my Bank/Building Society.
Postcode:	<input type="text" value="X"/> Signature(s): Date:
Name(s) of Account Holder(s): <input type="text"/>	
Bank/Building Society Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Branch Sort Code: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	Banks and Building Societies may not accept Direct Debit Instructions for some types of account.