



## Donation in memory

### My Details

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

My Gift is £ \_\_\_\_\_

I would like to donate in memory of \_\_\_\_\_

Your relationship to the deceased \_\_\_\_\_

### Next of kin details

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Relationship with deceased \_\_\_\_\_

We will inform this person of your gift, but not the amount. If you would prefer your donation to be anonymous please tick this box

I enclose a cheque for the sum of \_\_\_\_\_

I wish to donate by credit/debit card (Delete as appropriate)

Please debit my Mastercard/Visa/Switch(Maestro)/CAF Card for the sum of £

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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Issue Number (Switch only)

Card start date

Card Expiry date

3 Digit Security Number

Signature

Date

*giftaid it*

**YES** Please treat all donations I make to CORE from this date forward as Gift Aid donations. I confirm I am a UK tax payer and I pay an amount of UK income or capital gains tax at least equal to the tax that CORE will reclaim on my donations in the tax year. Please remember to notify us if your circumstances change and you no longer pay an amount of tax equal to the tax that CORE reclaims.  **Please tick**

Please return this form to Core

Core is the working name of the Digestive Disorders Foundation Charity (Reg No 262762)

3 St Andrews Place, London NW1 4LB (tel) 020 74860341 (fax) 020 7224 2012

[www.corecharity.org.uk](http://www.corecharity.org.uk)