



**PROUD TO SUPPORT**  
 East Kilbride's **ONLY** voluntary  
 dementia care provider  
**01355 244123**  
**www.dementiacarers.co.uk**

**Standing Order Mandate**

***Bank/ Building Society Details***

Name: \_\_\_\_\_ To: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Post Code: \_\_\_\_\_

***Your Account Details***

Account Name: \_\_\_\_\_  
 Sort Code: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

***Payment Details***

Please debit the above account with the payments detailed below,  
 and credit the account of :

**East Kilbride & District Dementia Carers Group**  
**Sort Code: 80-06-64 Account: 00341661**

The sum of (words): \_\_\_\_\_ Pounds  
 (Figures): £ \_\_\_\_\_

Circle as appropriate: Weekly / Monthly / Quarterly / Annually

First Payment on: \_\_\_\_\_ / \_\_\_\_\_ /20

and at regular intervals until further notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**GIFT AID DECLARATION**

I would like the charity to treat all donations I make from the date of this  
 declaration, until I notify you otherwise, as GIFT AID donations. I understand that I  
 must pay an amount of income Tax and/or Capital Gains Tax at least equal to the tax  
 that the charity reclaims on my donation in the tax year.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You**

We are sincerely grateful for your kindness and consideration in  
 supporting our Group. *Without public support and funding, we simply  
 could not continue to meet the increasing needs of the local area.*

We are a 'Not for Profit' Organisation, and all monies donated are  
 used to provide care for people with dementia and support for Carers.

- If you would like to support us on a regular basis, please  
 complete the **Standing Order Mandate**.
- If you would like to make a one-off donation to support us,  
 please make a cheque payable to **EK & District Dementia  
 Carers Group**.

If you wish to receive updates from our Group, please cross here  
 and we will gladly forward you regular updates.

If you would prefer to receive these electronically,  
 please enter your e-mail address:

\_\_\_\_\_

**Please enter your name and address below and return this  
 completed slip to the following address so that we can acknowledge  
 your gift. If you have completed the mandate overleaf, we will  
 then forward it to your bank:**

**EK DEMENTIA CARERS GROUP**  
 169 Pine Crescent  
 Greenhills  
 East Kilbride  
 G75 9HJ

***Your Details*** (please complete in all cases)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Post Code: \_\_\_\_\_

***Your details will not be shared with any other parties.***

Tel: 01355 244123 Email: info:dementiacarers.co.uk  
 Charity Ref: SCO 18844 Web: **www.dementiacarers.co.uk**