

I would like to support the world's poorest people with a monthly gift of:

£5 £10 £30 £50 My choice of £ _____

Starting on DD/MM/YY: / / (must be at least 4 weeks after the date of signing)

Title: _____ First name: _____

Surname: _____

Address: _____

Postcode: _____

Telephone number: _____

Email address: _____

How would you like to hear about our work and how you can support us?

I am happy to be contacted by email I am happy to be contacted by phone I am happy to be contacted by post

"I want to Gift Aid this and any other donations I have made in the past 4 years to Health Poverty Action. 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." **giftaid it**

Please notify us if you wish to cancel this declaration, change your address or no longer pay enough tax to qualify.

Instruction to your bank or building society to pay by direct debit

Please fill in the whole form and return it to Health Poverty Action at the address overleaf

To: The Manager, _____ Bank/Building Society

Organisational identification number: **9 4 8 6 4 3**

Address: _____

DD ref no (for office use only)

HPA ref no (for office use only)

Postcode: _____

Instruction to your bank or building society

Please pay Health Poverty Action 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 Health Poverty Action and if so, details will be passed electronically to my bank or building society.

Name of account holder: _____

Branch sort code:

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Bank/building society account number:

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Signature: _____

Date: _____

Direct debit orders may not be accepted for some types of account.

Please return form to: **FREEPOST RSAH-RKKZ-JEAC, Health Poverty Action, 31-33 Bondway, London SW8 1SJ**

The Direct Debit Guarantee



This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.

If there are any changes to the amount, date or frequency of your Direct Debit, Health Poverty Action will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Health Poverty Action to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

If an error is made in the payment of your Direct Debit, by Health Poverty Action or your bank or building society, you are entitled a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when Health Poverty Action asks you to.

You can cancel a Direct Debit at any time by contacting your bank or building society. Written confirmation may be required. Please also notify Health Poverty Action by post or email at general@healthpovertyaction.org.

