



Transport For Those Who Need Us

## EAST SURREY DIAL-A-RIDE | DONATIONS FORM

Please complete this form in BLOCK CAPITALS. You can either send to us by email, post or register via our website.

**Email to** : [enquiries@eastsurreydialaride.org.uk](mailto:enquiries@eastsurreydialaride.org.uk)

**Post to** : The Manager, East Surrey Dial-a-Ride, The Westway, 25 Chaldon Road, Caterham, CR3 5PG

**Register Online** : At our website [www.eastsurreydialaride.org.uk](http://www.eastsurreydialaride.org.uk)

Title:	First Name:	Middle Name:	Surname:
Address:			
		Post Code:	Date of Birth:
Phone No.:	Mobile:	Email:	

**This completed form should be returned together with Total payment to:**

**The Manager, East Surrey Dial-a-Ride, The Westway, 25 Chaldon Road, Caterham, Surrey, CR3 5PG**

**Cheques payable to:** East Surrey Dial-a-Ride

**Bank transfer to:** Lloyds Bank | Sort Code: 30-91-72 | Account No.: 02337969 | Account Name: East Surrey Dial-A-Ride

### Please consider completing the Gift Aid Form below

It would help East Surrey Dial-a-Ride even more if you completed the form below to enable us to reclaim, from Inland Revenue, tax you have paid on your annual membership fee and any donations to ESDAR.

If you have a relative who pays, on your behalf, then the scheme will also apply to them on any donation added to your Membership Fee if they pay the appropriate Taxes although in this case it is your relative who should complete the Gift Aid Declaration rather than yourself.

You must **not** complete the form if you do not pay UK Income Tax or Capital Gains Tax. If you have any queries on Gift Aid please contact East Surrey Dial-a-Ride by telephoning 07766 234 408.

### GIFT AID DECLARATION

I want East Surrey Dial-a-Ride (ESDAR) to treat all donations that I have made in the current and previous 4 Tax Years and all donations I make in future years as Gift Aid donations until further notice.

I understand that the UK Capital Gains/Income Tax that I pay must be at least equal to the Tax reclaimed by ESDAR. I will alert ESDAR if this should alter.

Signed ..... Date .....

Your Title & Full Name (in BLOCK CAPITALS): .....

Your Address and Post Code (in BLOCK CAPITALS): .....

**Please print this page, complete the Form and return it to:**

**The Manager, East Surrey Dial-a-Ride, The Westway, 25 Chaldon Road, Caterham, Surrey CR3 5PG**

[enquiries@eastsurreydialaride.org.uk](mailto:enquiries@eastsurreydialaride.org.uk)

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