



# The Worshipful Company of Insurers

*Incorporated by Royal Charter*

## WCI MEMBER'S DONATION AGREEMENT

### Charitable and Educational Support

Our members' donations fund the grants we make to charities and support the furtherance of education within the insurance industry. We help vulnerable teenagers without family support, the homeless, hospices, ex-offenders, young people looking for employment, and our injured servicemen.

### For The Worshipful Company of Insurers Charitable Trust

**Registered Charity Number: 1175425**

Please enter Full Name and Address Details in Block Capitals

I, \_\_\_\_\_  
of \_\_\_\_\_  
Postcode \_\_\_\_\_

promise to pay The Worshipful Company of Insurers Charitable Trust (Reg. Charity Number: 1175425) the sum of £ \_\_\_\_\_ monthly / quarterly / annually (delete as applicable).

This donation should begin on the 1st/15th (delete as applicable) of \_\_\_\_\_ month

### Thank you for your commitment.

I understand that I may revoke this agreement at any time by giving you written notice.

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

Payment through your bank should be made to Charities Aid Foundation, Kings Hill, West Malling, Kent ME19 4TA, who act as agents for the charity.

## Contacting You

We'd\* like to contact you in the future with information about our charitable and other activities. Please let us know that you are happy to be contacted in this way.

☐ Yes, I am happy to receive emails. ☐ I would prefer not to receive emails.

☐ Yes, I am happy to receive calls. ☐ I would prefer not to receive calls.

Note: very occasionally we may need to contact you by phone regarding a charitable event or administrative matter. The call would be from the Clerk's Office of WCI. We would not share your information with a third party. We would not employ an external agency to call you.

☐ Yes, I am happy for you to write to me at my home address.

\* "We" means The Worshipful Company of Insurers Charitable Trust (Reg. Charity Number 1175425).

When completed please return this Agreement, Direct Debit Mandate and Gift Aid Declaration to:

**The Honorary Secretary,  
The Worshipful Company of Insurers Charitable Trust,  
124 City Road, London, EC1V 2NX.**



## WCI MEMBER'S DONATION AGREEMENT (CONTINUED)



Instruction to your Bank or Building Society to pay by Direct Debit

### Name and full postal address of your Bank or Building Society

To: The Manager .....

Bank/Building Society .....

Address .....

..... Postcode .....

### Name(s) of Account Holder(s)

### Bank/Building Society account number

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### Branch Sort Code

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*Banks and Building Societies may not accept Direct Debit Instructions from some types of account*

*This guarantee should be detached and retained by the Payer*

## The Direct Debit Guarantee

- This guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debit.
- If there are any changes to the amount, date or frequency of your Direct Debit. Charities Aid Foundation will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request Charities Aid Foundation 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 Charities Aid Foundation or your Bank or Building Society, you are entitled to 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 back when Charities Aid Foundation asks you to.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Written confirmation may be required. Please also send a copy of your letter to us.

*This is not part of the Instruction to your Bank or Building Society and must be detached by Charities Aid Foundation before submission to the Paying Bank.*



## Gift Aid Declaration

### My Details

Name .....

☐ Mr ☐ Mrs ☐ Ms ☐ Other (please specify) .....

Address .....

..... Postcode .....

### Gift Aid - Donation Details

I have agreed to make a regular donation of £ .....

☐ Annually ☐ Quarterly ☐ Monthly

Commencing 

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1	5

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### Gift Aid Declaration

Please Gift Aid this donation and any donations I make in the future or have made in the past 4 years. 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 the tax year, it is my responsibility to pay any difference.

☐ Tick to apply

Please notify us if you want to cancel this declaration, change your name or home address or if you no longer pay sufficient tax on your income and/or capital gains.