



Donation Form

Personal Details

Ms Mrs Mr Dr Other

Name: _____

Email: _____ Subscribe to mailing list

Address: _____

_____ Post code: _____

Phone: _____

Donation with a cheque

I would like to become an MDAC Friend:

£50 Associate Friend £100 Counsel Friend £250 Advocate Friend
 £500 Partner Friend Other: _____

I would like to become an MDAC Patron:

£1,000 £2,500 £5,000 £10,000 Other: _____

giftaid it

If you are a UK taxpayer, you can GiftAid your donation, so MDAC can claim an extra 25p for every £1 you give.

I want MDAC to treat all gifts of money that I have made in the past four years and all future gifts of money I make from the date of this declaration as Gift Aid donations. Date ___ / ___ / _____
 No, I'm not a UK taxpayer

Please return this form to: Mental Disability Advocacy Centre, PO Box 68543, London SW15 9FP

Thank you for your support!

support@mdac.org



Direct Debit Form

Donation

- £4.17 per month: Friend Associate level (£50 per year).
- £8.33 per month Friend Counsel level (£100 per year).
- £20.83 per month Friend Advocate level (£250 per year).
- Other: _____

Please start my donation on 1st 15th of the month



If you are a UK taxpayer, you can GiftAid your donation, so MDAC can claim an extra 25p for every £1 you give.

- Yes, I'm a UK taxpayer and I would like to give as GiftAid donation
- No, I'm not a UK taxpayer

Direct Debit Instructions



Name(s) of the account holder(s): _____

Name of bank or building society: _____

Bank or building society account number

--	--	--	--	--	--	--	--	--	--

Originator's identification number

--	--	--	--	--	--

Branch short code

--	--	--	--	--	--

Reference number (For office use only)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Instruction to your bank or building society

Please pay the Mental Disability Advocacy Centre 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 the Mental Disability Advocacy Centre and, if so, details will be passed electronically to my Bank or Building Society.

Signature(s): _____

Date (DD/MM/YYYY): _____

Please return this form to: Mental Disability Advocacy Centre, PO Box 68543, London SW15 9FP

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