

Donation Form

A I enclose a donation of £ * for **Crossroads (South Ayrshire)**

B I would like to make the following regular donation to
Crossroads (South Ayrshire)

Amount £ Monthly/Annually *

` Please forward a Bankers Order form to the name and address below

C Contact your solicitor if you wish to make arrangements to **leave a legacy** to
Crossroads (South Ayrshire)

*** Gift Aid Declaration**

I would like Crossroads (South Ayrshire) to treat my donation/s as a Gift Aid Donation/s, and from this date I wish all subsequent donations I make treated as Gift Aid Donations, unless I notify otherwise.

Signature

Date

Donor Details

Title Forename Surname

Address

.....

Post Code

Email

Return to

Crossroads (South Ayrshire) Care Attendant Scheme

Biggart Hospital, Biggart Road, Prestwick, Ayrshire KA9 2HQ

Tel / Fax: **01292 671331**

Email: managers@crossroads-sa.org.uk