



Ways to donate

| Your donation will be used by Cats Protection for a Should you wish to direct your donation to a speci | |
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| name in this box: | |
| 1. Fill out your details in the box below | |
| Title: Name: | |
| Address: | |
| | Postcode: |
| We'd love to keep in touch, by telling you about our wappeals, join events, campaigns or to volunteer. However why we may analyse your personal information (and in ensure we send you communications we think you will details about you with other organisations. If you'd like tick and complete accordingly: | ver, we don't want to bother you unnecessarily. That is n some cases add publicly available information) to help l care about. Rest assured, we'll never swap or sell any |
| ☐ Email: | |
| Telephone: SMS (text): Supporter no (if known): | If you'd prefer not to receive information by post, please tick this box Please visit www.cats.org.uk/terms-privacy if you wish to change the ways we contact you, or have any questions about how we use your data. |
| | |
| giftaid it Make your gift go further and make every £1 you give worth at least £1.25 | |
| I confirm that 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 | Please tick this box if you want to Gift Aid this donation and any other donations you make in the future or have made in the past 4 years to Cats Protection. |
| of my donations in that tax year (6 April to 5 April), it is my responsibility to pay any difference. | Or if you are not a UK tax payer please tick this box. |
| Please notify us if you want to cancel this declaration, change your name or ho | ome address, or no longer pay sufficient tax on your income and/or capital gains |
| Name: | |
| Home address: | |
| | |
| Date: Declaration No: | (for office use only) |

2. Please select your method of donation

You can choose to make a one-off donation a or a regular donation by Direct Debit ()

O A one-off donation

| with the sum of £ Name on card: Card number: Card expiry date: | OR please debit my VISA MASTERCARD CAF (Please tick) | |
|--|---|--|
| Card expiry date: Signature: Date: | with the sum of £ Name on card: | |
| Description of A regular donation Please complete the Direct Debit mandate below indicating if you wish the amount to be taken monthly or annually. We will notify your bank, which in turn will authorise the payments as arranged for your donation. I would like to give f | | |
| Please complete the Direct Debit mandate below indicating if you wish the amount to be taken monthly or annually. We will notify your bank, which in turn will authorise the payments as arranged for your donation. I would like to give £ | Signature: Date: | |
| Instruction to your Bank or Building Society to pay Direct Debits: Cats Protection, National Cat Centre, Chelwood Gate, Haywards Heath, RH17 7TT. Service User No: 6 2 6 0 9 7 1. Name and full postal address of your Bank or Building Society Branch. To the Manager: Address: Postcode: 2. Name(s) of Account Holder(s): 4. Bank or Building Society Account No: Please pay Cats Protection Direct Debits from the account detailed on this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Cats Protection and, if so, details will be passed electronically to my Bank/Building Society. Signature(s): (must be completed) | Please complete the Direct Debit mandate below indicating if you wish the amount to be taken monthly or annually. We will notify your bank, which in turn will authorise the payments as arranged | |
| Address: Postcode: 2. Name(s) of Account Holder(s): 4. Bank or Building Society Account No: Please pay Cats Protection Direct Debits from the account detailed on this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Cats Protection and, if so, details will be passed electronically to my Bank/ Building Society. Signature(s): (must be completed) | (Minimum donation £2 per month) or ANNUALLY (Please tick) Instruction to your Bank or Building Society to pay Direct Debits: Cats Protection, National Cat Centre, Chelwood Gate, Haywards Heath, RH17 7TT. Service User No: 6 2 6 0 9 7 | |
| 2. Name(s) of Account Holder(s): 3. Branch Sort Code: 4. Bank or Building Society Account No: Please pay Cats Protection Direct Debits from the account detailed on this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Cats Protection and, if so, details will be passed electronically to my Bank/ Building Society. Signature(s): (must be completed) | To the Manager: Bank/Building Society | |
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| Date: Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts. | (must be | |
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Please return this form to: Freepost RTJK-TJKK-GREZ, Supporter Services, Cats Protection, National Cat Centre, Chelwood Gate, RH17 7TT

If you would like to donate over the phone, please contact us free on:

0800 917 2287 (*Monday to Friday 9am–5pm*) Reg. Charity 203644 (England and Wales) and SC037711 (Scotland)