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Please enter your name and address details

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| Please | tick all communications you would like to receive | | | | | |
| | I'd like to receive Scottish Autism News by email | | | | | |
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| Regula which | | ccessed by those authorised to do so and used for the purposes for our privacy policy HERE. At any time you can request to be removed | | | | |
| Gif | t Aid means that we can reclaim 25 | p for every £1 you give, at no cost to | | | | |
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| if I pay | UK taxpayer. Please Gift Aid this donation and any donations I may less Income Tax and/or Capital Gains Tax than the amount of Gift nsibility to pay any difference. | ake in the future or have made in the past 4 years. I understand that ft Aid claimed on all my donations in that tax year it is my | | | | |
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I would like to make a single gift

Hilton House, Alloa Business Centre

The Whins, Alloa, FK10 3SA

| Please debit my: |
|--|
| Visa Mastercard Switch/Maestro Solo |
| £ |
| Name on card |
| Signature |
| Date DDMMYY |
| Card no: |
| Start Date (if applicable): |
| Security Code: Issue no: |
| I enclose a cheque made payable to Scottish Autism |
| I would like to make a regular gift – please complete the form on the next |
| page |
| Other gifts: |
| Please send me information about making a gift in my Will |
| I have already included a gift to Scottish Autism in my Will |
| My company will match my gift. The appropriate form is enclosed |
| Please return this form to: |
| Fundraising Department, Scottish Autism |

The money you donate plays a huge part in helping us to reach and support more families affected by autism in Scotland.



Direct Debit Mandate

I would like to make a regular gift by Direct Debit

| I would like to make a regular gift of: | | □ £15 □ £27 | Other: E | | |
|---|--------------------------|------------------|--|--|--|
| The first payment is to start on: | ☐ 1st or | ☐ 15th of | 141141/ 1 1 1 1 | | |
| Instruction to your Bank or Building Society to pay by Direct Debit | | | | | |
| Bank/Building Society Name Bank Building Society Address | | | DIRECT | | |
| | Postcode | | Service User Number: [5] [5] [6] [4] [8] [8] | | |
| Name(s) of account holder(s) Bank Sort Code: | Code: Account No: Pl | | Instructions to your Bank or Building Society: | | |
| Reference: | | | Please pay Scottish Autism Direct Debits from this account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. | | |
| Signature(s) remain with Scottish A details will be passed (| | | I understand that this instruction may remain with Scottish Autism and, if so, details will be passed electronically to my Bank/Building Society. | | |
| Building Societies may not accept Direct Debit | instructions for some ty | pes or accounts. | | | |

Scottish Autism Hilton House, Alloa Business Centre The Whins, Alloa, FK10 3SA Tel: 01259 720044

Fax: 01259 720044

www.scottishautism.org

Scottish Autism is a charity registered in Scotland, No. SC 009068

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Direct Debit Guarantee

- This Guarantee should be detached and retained by the Payer.
- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Scottish Autism will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Scottish Autism 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 Scottish Autism 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 it back when Scottish Autism asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required.
 Please also notify us.

Supporting us by Direct Debit helps us do big things with a small monthly donation.