

Sign up to support MCAI

Please use this form to make your donation to Maternal & Childhealth Advocacy International. You can make:

- a regular monthly donation by standing order
(monthly giving helps us plan our work more effectively and with greater confidence)

Or

- a one-off donation



MCAI | Maternal & Childhealth
Advocacy International

We rely entirely on voluntary donations to continue our work. Thank you for choosing us.

Gift Aid: If you are a UK taxpayer you can increase the value of your donation by 25% by letting us reclaim the tax you have paid on the money which you are donating. Just fill in the (very short) Gift Aid form at the bottom of the donation form on page two.

Please return the completed document with your donation/card details to:

MCAI UK
Conway Chambers, 83 Derby Road, Nottingham, NG1 5BB

or

Freepost
RRJJ-AELU-KUKS
Conway Chambers, 83 Derby Road, Nottingham, NG1 5BB

or

Fax to: +44 (0)115 950 7733

Please keep this sheet for your own records

<input type="checkbox"/>	Monthly donation by standing order	£ (per month)	_____
<input type="checkbox"/>	Cheque donation	£	_____
<input type="checkbox"/>	Visa/Mastercard donation (a single donation)	£	_____

Date _____

Standing order: this is an agreement between you and your bank to make a regular donation to MCAI. The amount you give, donation date and regularity are up to you.

A small amount of money spent on healthcare can make a big difference...

Please complete and return this page to MCAI

My details

Title:	Full name:
Address (including postcode)	
Email:	How did you hear about us?
Mobile:	Home phone:

I would like to make a regular standing order (we encourage people to support us this way because it helps us plan with more confidence)

£5 per month £10 per month £_____ per month £_____ per year
(not less than £3 per month please) (not less than £36 per year please)

OR

I want to make a one-off donation of:

£10 £20 £50 £75 other £_____

To The Manager (name and address of your bank)

Card No - - -

Expiry date _____ / _____

Signature _____

Postcode _____

Please credit MCAI (Acc no. 65033384 Branch No 08-92-50) with the above sum

Debiting my account number: - Bank Sort Code: - -

On _____ / _____ / _____ (date) or immediately on receipt of this order, whichever is the latest date and thereafter each : Month Year _____ / _____ / _____

Signature: _____

GIFT AID DECLARATION

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I want MCAI to treat all donations made by me from 6 April 2000 onwards as Gift Aid donations.

I understand that I must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April one year to 5 April the next) that is at least equal to the amount of tax that MCAI will reclaim on my gifts for that tax year

If you are a UK taxpayer please sign the section below so we can make your donation worth 25% more at no cost to you: (25% as of April 08) I pay tax in the UK and I would like Maternal & Childhealth Advocacy International to reclaim tax through Gift Aid on all donations made from 6th April 2000 onwards.

Thank you for helping us to improve the healthcare of babies, children and pregnant women

Signature _____

Date _____