



## BECOME A FRIEND OF ACROSS!

Will you help us keep the jumbulance running to Lourdes  
by providing us with a regular donation?

Friends of ACROSS who support us with a regular donation will be remembered in prayer by each ACROSS group when they are in Lourdes and at our annual Mass of Thanksgiving and will receive a regular update of activities including dates when groups are travelling to Lourdes. Their name or that of a loved one will be included on the Roll of Honour displayed in the Lourdes Mini jumbulance as long as they remain a "Friend". The name enrolled will be as below unless advised otherwise. *Please complete the form below and return to the address below. We will add a reference number and forward the completed form to your bank.*

If you would like further forms for friends feel free to copy this form or telephone or e-mail us.

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_ Tel \_\_\_\_\_

Email address \_\_\_\_\_

Name you wish enrolled – please print one character in each box

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### BANKERS ORDER

To: The Manager of  
(Name & Address of  
Your Bank or Building  
Society)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Sort Code

Bank Sort Code \_\_\_\_\_

Account Name & No

My Account Name \_\_\_\_\_ Number \_\_\_\_\_

Amount you wish to  
donate now

Please pay \_\_\_\_\_ pounds on receipt of this order

Amount you wish to  
donate regularly

and thereafter \_\_\_\_\_ pounds each month /quarter/year\*  
(\* delete whichever is not applicable)

This reference will be  
added by ACROSS

until notified by me in writing to Bank of Scotland, 100/102 Cowgate Kirkintilloch, G66 1JQ,  
Sort Code 80-08-64, for the credit of ACROSS, Account No 00101485  
quoting reference no \_\_\_\_\_

Sign & Date

Signature \_\_\_\_\_ Date \_\_\_\_\_

### GIFT AID DECLARATION

Please complete this section if you are a UK taxpayer.

I confirm that I wish ACROSS, SC 030126, to reclaim tax on all donation I make from this date onwards. I am a UK taxpayer. Please note that you must pay an amount of income tax and/ or capital gains tax equal to the tax we reclaim on your donations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please now send this to the address below

**ACROSS, Garron Bridge House, Inveraray, Argyll, PA32 8XQ**

**Tel: 01499-302715**

**Fax: 01499-302716**

**e-mail: [contactus@across-uk.org](mailto:contactus@across-uk.org)**

Recognised Charity No SC 030126

Visit our Web Site at [www.across-uk.org](http://www.across-uk.org)