

Yes, I want to help DHIVERSE to make a real difference in the fight against HIV and sexual ill health



Please return this form to us not to your bank.  
**DHIVERSE**

Office B, Dales Brewery  
Gwydir Street, Cambridge CB1 2LJ

Mr  Mrs  Ms  Miss

Other

Name

Address

Phone

Mobile

Email

Signature

Date

DHIVERSE Registered Charity No. 1058307

*giftaid it*

If you are a UK taxpayer, the government will add 28p to every £1 you donate to DHIVERSE at no extra cost to you. Please tick:

I am a UK taxpayer and I wish DHIVERSE to treat all donations I have made since 6 April 2000, and all donations I make hereafter until further notice as Gift Aid Donations\*

Or

I am not a UK taxpayer

\* You must pay an amount of income and/or capital gains tax (in the UK) at least equal to the tax that the charity reclaims on your donations in the tax year (currently 28p for every £1 you give).

Please choose to either (A) make a single donation to DHIVERSE, or, (B) to support our projects with a regular gift made by Direct Debit.

Credit and Debit card payments, and Direct Debits are processed by the Charities Aid Foundation (CAF) on behalf of DHIVERSE REF: 7422-05

**A**

I wish to make a single donation of:

£5  £10  £20  £50  Other: £

I enclose a cheque, payable to DHIVERSE, for the sum of £

or please debit my credit / debit card for the amount of £

Cardholder's name

Card number

Start date  Expiry date  Switch card issue no

Signature

Date: \_\_\_\_\_ 200\_\_

**Card Type**

*please circle one*

Mastercard

VISA

Delta

Switch / Maestro

**B**

I wish to make a regular gift of: £  each  month / quarter / half year / year commencing on the  200\_\_

To make your regular gift please also complete and return the Direct Debit Mandate on the following page.

**THANK YOU FOR YOUR SUPPORT**

**Instruction to your Bank or Building Society to pay Direct Debit.**



Please send this completed Instruction to:

DHIVERSE  
Office B  
Dales Brewery  
Gwydir Street  
Cambridge CB1 2LJ

**Originator's Identification Number**

9	5	8	6	4	4
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**CAF Ref No:** 7422-05

CAF, KINGS HILL,  
WEST MALLING,  
KENT, ME19 4TA

**Name(s) and address of account holder(s)**

Mr/Mrs/Miss/Ms .....

Address.....

.....

.....Postcode.....

**Bank/Building Society account number**

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**Branch Sort Code**

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**Name and full postal address of your**

**Bank/Building Society**

To: The Manager

Address.....

.....

.....Postcode.....

**FOR CAF OFFICIAL USE ONLY** – This is not part of the instruction to your Bank/Building Society

Date of first payment on or after:

		-			-				
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**Instruction to your Bank or Building Society**

Please pay CAF/DHIVERSE Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain within CAF/DHIVERSE and if so, details will be passed electronically to my Bank/Building Society.

Signature.....

Date

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**Banks and Building Societies may not accept Direct Debit Instructions for some types of account**

**This guarantee should be detached and retained by the Payer**

**The Direct Debit Guarantee**



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, CAF/DHIVERSE will notify you at least ten working days in advance of your account being debited or as otherwise agreed.
- If an error is made by CAF/DHIVERSE or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to CAF, Charity Services, Kings Hill, West Malling, Kent ME19 4TA.