

Choices Aberdeen

Fundraising Pack





aberdeen
choices

01224 624900
mail@choicesaberdeen.org.uk
www.choicesaberdeen.org.uk

Dear Fundraiser

Thank you for partnering in the work of Choices Aberdeen and raising funds for our services. We are a local charity who are committed to empowering people to make healthy life choices. We currently provide the following free services:

Pregnancy Testing
Crisis Pregnancy Counselling
Grief Counselling following Baby Loss
Befriending Support
Sexual Health Workshops

In raising funds you will be supporting us to assist some of the most vulnerable people in they city and also

Donations can be made to choices by standing order, cheques made payable to 'Choices Aberdeen' or by credit card via www.charitychoice.co.uk. We are also registered with <http://www.buy.at/choicesaberdeen> and www.easyfundraising.org.uk, as you shop online, retailers will donate to Choices at no extra charge to you, for more information please check out their web pages. If you are a UK tax payer, then please complete the gift aid form in this pack, allowing us to reclaim from the government 25p for every £1 you donate.

In the pack you will find the various forms you need to get fundraising, if you would like any more literature or we can support you in any other way please do not hesitate to contact the office.

Thank you so much for raising funds for Choices Aberdeen. We are grateful to you for your support and we are certain that it will make a difference too many people across our city.

Yours

THE CHOICES TEAM



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Banker's Order Form

(please complete and send to your bank)

Bank Name:

Bank Address:

.....

Please arrange to make the following monthly / quarterly / annual (delete as appropriate) payments from my / our account.

Account No.: to the credit of:

Choices Aberdeen, Royal Bank of Scotland, Queen's Cross Branch,
40 Albyn Place, Aberdeen, AB10 1YN

Sort Code: 83 15 31 Account: 00186806

The first payment of (in words), £

To be made on the day of 200....

Name (Block Capitals):

Address:

.....

Signature: Date:



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Gift Aid Declaration

Details of Donor:

Title: Forename(s):

Surname:

Address:
.....

Postcode:

I wish the enclosed donation and all future donations that I make from the date of this declaration until I notify you otherwise, as a Gift Aid donation.

Signed:

Date:

To benefit from Gift Aid please complete and return this form to
The Centre Manager, Choices Aberdeen