



STANDING ORDER FORM/ GIFT AID FORM

(Please use for donations, to donate in advance for services or for our Monthly Draw Club)

NAME		
TELEPHONE NUMBER		
ADDRESS		
BANK		
BRANCH NAME		
BRANCH ADDRESS		
SORT CODE		
ACCOUNT NUMBER		
Does this Standing Order replace any existing standing order		YES NO
How often do you want to make the payment (Please tick)		
MONTHLY	QUARTERLY	HALF YEARLY YEARLY
RECIPIENT	LADY McADDEN BREAST SCREENING UNIT	
RECIPIENTS BANK	LLOYDS TSB, KENT ELMS CORNER	
SORT CODE	309784	
ACCOUNT NUMBER	2437846	
REFERENCE (please enter your surname)		
FIRST PAYMENT AMOUNT		
FIRST PAYMENT DATE		
USUAL PAYMENT AMOUNT		
AMOUNT IN WORDS		
UNTIL FURTHER NOTICE (please tick)		
SPECIAL INSTRUCTIONS		
Does this form relate to: Monthly draw club Donation Donation in advance for services		
(Please tick as appropriate)		
YOUR REFERENCE		
YOUR SIGNATURE		

Please return to the unit at 1st Floor, Hillborough Road, Westcliff, Essex, SSO OSG so we can update our records and forward to your bank to commence payments.

Please call 01702 331288 if you have any queries. Thank you for your support

Registered Charity Number 10622360/0

GIFT AID DECLARATION (Not applicable for the monthly draw)

NAME.....

ADDRESS.....

.....POST CODE.....

AMOUNT DONATED.....DATE.....

As a UK taxpayer, I acknowledge that I must have paid an amount of income tax or capital gains tax equal to the tax deducted from this donation.

We can reclaim 28p for every £1 donated as Gift Aid. Please tick box.