STANDING ORDER MANDATE FORM (Fundraising)

*(Please use Block Capitals)*

**TO THE MANAGER:**

Bank/Building Society Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Instruction: Amend previous standing order \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BENEFICIARY DETAILS:**

Beneficiary Name:

West Bromwich African Caribbean Resource Centre

Bank: HSBC Bank Plc

Address: High Street,

West Bromwich

West Midlands B70 6LY

Sort Code: 40 46 13

Account Number: 01 22 94 86

Registered Charity Number: 1091956

Company Registration No.3916617

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**ACCOUNT TO BE DEBITED:**

Branch Sort Code

/ /

**Bank / Building Society Account Number:**

**Name(s) of Account Holder(s):**

**Reference: *(e.g. Your Name/Donation or, Gift in Will)***

**PAYMENT DETAILS:**

Amount of first payment **£**  Date of first payment \_ \_ / \_ \_ / \_ \_ \_ \_

Amount of regular payment **£**  Frequency of payment: **Weekly/Monthly/Yearly**

Last payment of **£**  Date of last payment \_ \_ / \_ \_ / \_ \_ \_ \_

Please continue payment until further notice Date of regular payment \_\_\_\_\_\_ of each

Week/Month/Year

Regular payment in words \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] I am a UK taxpayer\*



[ ] I am not a UK taxpayer

**Please make every pound you give worth 25% more.**

\*I am a UK taxpayer, and I would like West Bromwich African Caribbean Resource Centre to treat this donation and any donations I make in the future and have made in the past 4 years as Gift Aid donations, until I notify you otherwise. With this declaration, West Bromwich African Caribbean Resource Centre can reclaim 25p of tax on every £1 that I give. I understand that if I pay les Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. Please remember to write your full name and home address to allow us to claim Gift Aid. **Please remember to write your full name and address to allow us to claim Gift Aid.**

MAIN 122 STANDING ORDER MANDATE FORM **(Fundraising)** – Issue 1 Date: 04.01.2021