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Standing Order Mandate

southliverpool.foodbank.org.uk

Please pass this form onto the foodbank, using the foodbank's address at the bottom, who will save a copy for their records. They will then send it onto your named bank or building society.

| Instruction to your bank manager | Name of your bank | | | | | | | | | | | | | | |
|---|--|--|----------------|------------|--------------|---|--------------|-----------|----------|----------|---------|----------|--------|---|--|
| | Branch address | | | | | | | | | | | | | | |
| | Town/City | | | | | | Postcode | | | | | | | | |
| | Please pay | Please pay South Liverpool | | | | | | | | | | | | | |
| | Sort code: | 4 | 0 - 5 | 2 – | 4 0 | Account num | ober: | 0 | 0 9 | 7 | 7 | 9 | 8 | | |
| | The sum of: | (in figures) | | | | | | | | | | | | | |
| | On the: | | | | / Y | | Each: | | Week | M | onth | Y | 'ear | | |
| | Until further notice and debit my account accordingly. | | | | | | | | | | | | | | |
| | Name of account to be debited: | | | | | | | | | | | | | | |
| | Sort code: | | - | - | | Account num | nber: | | | | | | | | |
| | Signature | e(s) | | | | | Date | | ••••• | / | | / | | | |
| Your details | Title | | First name | Last name | | | | | | | | | | | |
| | Home addres | cc | | | | | | | | | | | | | |
| | Home address | | | | | | | | | | | | | | |
| | Town/city | | | | | | Postcode | | | | | | | | |
| | Email addres | is | | | | | | | | | | | | | |
| V | Ve would lo | ove to k | eep you up t | o date w | ith inform | ation about So | outh Liverp | ool Foc | dbank. | Please t | ick you | ır prefe | erence | : | |
| | Email a | Email and Post Email Post I do not wish to receive future communications from South Liverpool Foodbank | | | | | | | | | | | | | |
| ١ | ou can chan | ge your | preferences a | ny time by | contacting | us on 07760 71 | 18640 or em | ailing us | at admii | n@slfood | lbank.o | rg | | | |
| Da | ata protec | tion | | | | | | | | | | | | | |
| Liv | erpool Foodl | bank col | lects informat | ion to kee | p in touch v | privacy and wil with you and su ng on our behal | oply you wit | | | | | | | | |

Tick to boost your donation by 25p of Gift Aid for every £1 you donate.

I am a UK taxpayer and understand that if I pay less 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.

I want to Gift Aid my donation and any donations I make in the future or have made in the past four years.