

Standing Order Mandate

Name and full postal address of your Bank or Building Society

To The Manager:

Bank/Building Society.....

Address:.....

.....Postcode:.....

Name(s) of Account Holder(s)

.....

Bank or Building Society Account Number Sort Code

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Please pay:

SAFE HAVEN CHILDRENS TRUST, Lloyds TSB, 399 Oxford Street, London, W1C 2BU

Account Number

0	1	9	3	7	1	4	8
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Sort Code

3	0
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9	6
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3	8
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The amount of £.....(figures).....(in words) on

The day of (month) (year) and continue to make the same payment

monthly quarterly annually *(please tick)* until further notice.

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YES Please treat all gifts of money that I have made in the past 4 years and all future gifts of money that I make from the date of this declaration as Gift Aid donations. *(please tick)*

You must pay an amount of Income Tax and/or Capital Gains Tax for each tax year that is at least equal to the amount of tax that the charity will reclaim on your gifts for that tax year.

Your Details:

Title.....Initial(s).....Surname.....

Home address.....

.....

Postcode.....Date.....

Signature.....

Please return this form to:

Safe Haven Children's Trust, 96 Brondesbury Villas, London, NW6 6AD



safe haven

Safe Haven Children's Trust 96 Brondesbury Villas London NW6 6AD United Kingdom
T: +44 (0)7702 887957 www.safehavenchildrenstrust.org Registered charity no: 1130753