

I would like to make monthly contribution of £
to The Kabanda Trust for a Place of Hope starting on ___ / ___ / 20__

Bank or Building Society Details

Bank Name: _____ Branch: _____
Address: _____
_____ Post Code: _____

Instructions to your Bank or Building Society to pay Standing Order

Please pay from my account number: _____ Sort Code: - -
The sum of £ _____ on the _____ day (date) of each month until further notice

To: Natwest Bank, Trentham, Stoke on Trent, ST4 8BU Signature: _____
Sort Code: 60-21-59 for credit of The Kabanda Trust
Account number 62016873

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If you are a tax payer please sign this form to allow us to claim Gift Aid back.

*I want The Kabanda Trust to treat all donations that I have make from the date of this
`declaration until I notify you otherwise as Gift Aid donations. I confirm that I pay an amount of Income Tax/
Capital Gains Tax at least equal to the tax that you will reclaim on my donations.*

Name in full: _____
Address: _____
_____ Post Code: _____ Email: _____
Date: ___ / ___ / 2009 Signature: _____

You can cancel this declaration at any time by notifying us. You must pay an amount of income tax/ capital gains tax equal to the tax we reclaim on your donations. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that we reclaim, you can cancel your declaration.

Please return the completed form to :

Trentham Mews Medical Centre Eastwick Crescent Trentham Stoke on Trent ST4 8XP