

Please return this form to the address below

Title: _____ Christian Name: _____

Surname: _____

Address: _____

Town: _____

County: _____

Post Code: _____

Email: _____

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If you pay UK income tax and/or capital gains tax equal to or more than the tax deducted from your donation, in the appropriate tax year, we can claim back Gift Aid on your donations.

Please accept this and all future donations I make to The Christian Healing Mission as Gift Aid donations, until further notice.

Signed:

Date:

Thank you so much for your help and support

Standing Order Form

CAF REF: 8128-00

Bank Details:

Bank Name: _____

Account No: _____ Sort Code: _____

Branch Address: _____

Town: _____

County: _____

Post Code: _____

I would like to donate £ _____ [Please tick as appropriate]

- on a monthly basis
- on a quarterly basis
- on an annual basis

Starting from the following date [dd / mm / yy] : _____ and until further notice is given on my part of either cancellation of the Standing Order or change in the amount donated.

Please pay this amount in to the **NatWest Bloomsbury Parrs** a/c no. **36880043** Sort Code **60-30-06** for the credit of **CAF / Christian Healing Mission**. Please quote ref. 8128-00.

Signed:

Date: